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UNIVERSITY OF ALBERTA

CHILD CAREGIVERS' ADHERENCE TO REGULATIONS AND POLICIES FOR ALBERTA

BY

DEVRA A. SULLIVAN ©

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION

IN

INDUSTRIAL ARTS EDUCATION

DEPARTMENT OF ADULT, CAREER AND TECHNOLOGY EDUCATION

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled CHILD CAREGIVERS' ADHERENCE TO REGULATIONS AND POLICIES FOR ALBERTA submitted by Devra A. Sullivan in partial fulfillment of the requirements for the degree of Master of Education in Industrial Education.

Dr. Clarence H. Preitz

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March 26, 1993

Abstract

The main purpose of the research was to determine adherence of selected child caregivers in the City of Calgary to both the provincial regulations and the provincial policies that govern licensed private day care centres.

The five subproblems to the main purpose were to determine: (1) the characteristics that primary child caregivers have including education, training and other demographic information; (2) the amount of child care experience that primary caregivers had acquired at their present place of employment as well as the total duration of that experience gained as a child caregiver; (3) primary caregivers' interpretation of the major role they assume in the daily lives of the children; (4) primary caregivers' perceptions of, and satisfaction with, the physical environment of Calgary day care centres in which they are employed; (5) the interest and aspirations that primary child caregivers had toward establishing a career path in Child Care.

A three-point Likert type rating scale was designed for use on a two-part questionnaire, using as base documents, regulations and policies of the Day Care Programs Licensing Manual, Alberta Family and Social Services (1987).

The instrument was pilot tested prior to being distributed to 37 randomly selected day care centres; 27 responded. This yielded a response rate of 72.97% for administrative primary caregivers and 69.10% for primary caregivers.

Data collected with the questionnaire were codified and entered into a computer file for analysis, using the percentage and frequency programs from the Statistical Package for the Social Science (SPSS^x).

Results of this study show that most of the infractions occurred in the area of health and safety, specifically, the employment of isolation techniques for ill children; the supervision of those children; the use of proper dental procedures; the availability of protective devices on raised areas; cleaning and inspection of infant toys and the use of multiple tier beds for children under six.

Although there were exceptions, this study indicates that primary caregivers were adhering to both the provincial regulations and policies that govern the licensing of private day care centres in the province.

Acknowledgements

I wish to express my deep gratitude to all the administrative and primary child caregivers who participated in the study and made this research possible.

Ultimately, much credit must go to Dr. Clarence Preitz, who is perhaps the single most important reason that work on this thesis ever commenced, continued, and concluded. Without his valuable advice, professional guidance, and unfailing support this thesis would not have become a reality. Somehow, "thank you" seems so inadequate.

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CHAPTER I

THE PROBLEM

Introduction

Traditionally, care giving and child rearing practices of the past relied on the efforts of a single set of biological parents. These practices are increasingly being transformed into multiple parenting, in settings outside of the home (Kilmer, 1980). Along with changes in child rearing, come changes in employment patterns, training programs and job skills, which give rise to new occupations and legislation in a relatively new social institution called child day care.

Although the idea of child day care stemmed from communities within countries in Europe (O'Grady, 1989) and have existed in North America for over 150 years, they were virtually ignored by governments until the 1930's when the United States government funded the Works Progress Administration (W.P.A.) nursery school to employ jobless teachers and assist needy children to attend these schools. In 1941 the United States Congress responded to the crucial situation of abandoned children, due to mothers working in factories, by passing the Lanham Act, which provided day care centres and nursery schools to children over the age of three. Although the number of working mothers increased after the Second World War, all the Lanham Centres, which had enrolments in 1945 between 105,000 and 130,000 nursery school children, were permanently closed (Zigler & Goodman, 1982). Government intervention was at a minimum throughout the 1950's as the general public frowned on the idea of working mothers and federal interagencies held steadfast in linking day care to welfare and poverty. Probably the greatest thrust to change these views came through the momentum gained by the Women's Movement. The United States Congress passed the Comprehensive Child Development Act in 1971. This act was vetoed by president Nixon. A scaled down version of the act passed the Congress in 1971 again to be vetoed by the president. Finally, in 1981, to set some standard of care for children, funds were provided under Title XX of the Social Security Act. However, it too, continued to be postponed, promoting only a model for state programs to follow. The federal policies of the 1980's provided substantial cutbacks in all federal support for day care with the exception of the child care tax credit (Child Welfare League of America, 1984).

Politically, efforts to legislate and standardize regulations in Canada for child care day centres, have fared no better than these efforts did in the United States. The beginnings of organized group day care in Canada commenced in 1820 with such enterprises as the Infant Schools, which were implemented partially to serve the needs of the working parents. This custodial type of service infiltrated both the American and Canadian labour force and was a direct offspring of the earlier British models (Pence & Canning, 1987). Historically, the British North America Act (1867) later renamed the Constitution Act (1982), designated certain powers and responsibilities to the provinces and to the federal government. At the inception of Canada becoming a country the state of welfare and education of the citizens came under provincial jurisdiction which controlled such issues as day care since these services were deemed welfare matters. It was not until 1966, almost a century later, that parliament passed the Canadian Assistance Plan (C.A.P.) to aid needy Canadians. The Statutes of Canada (1989) states that the Canadian Assistance Plan was, "An Act to authorize the making of contributions by Canada toward the cost of programs for the provision of assistance and welfare services to and in respect of persons in need" (p. 1).

In 1972 a thorough examination of Canadian legislation was launched by Health and Welfare Canada as it was believed that assistance and welfare services did not meet the needs of the people requiring such services. This was followed a year later by a report on day care entitled, Garde de Jour published by the Canadian Council on Social Development, which strongly advocated more provincial standards for day care facilities (Bates, 1984). Requests to establish national standards for increased accountability of those performing child care giving services came in 1979 from the Canadian Commission for the International Year of the Child. These requests were also endorsed and repeated by the Second National Conference on Day Care (Bates, 1984). Although a National Day Care Information Centre has been established and the provinces continue to scrutinize day care policies and regulations in varying degrees, universal day care standards have not been introduced in Canada.

Provincially, in many respects, Alberta has not fared as well as other provinces in Canada when child day care is considered. In a report on this issue Bagley (1985) states:

> Alberta's regulations in relation to requirements for staff qualifications are the weakest of any provinces - in Alberta there is no requirement for any staff member to be trained. We have identified significant weaknesses in Alberta's system of day care inspection and enforcement of regulations. Inspections are infrequent, and day cares which fail to abide by regulations in various aspects of programming are treated with extreme leniency. The quality of day care in Alberta appears to have deteriorated in the past two years. (p. 11)

Licensing and regulatory safeguards alone will not ensure quality child care given by caregivers; however, standards do indicate direction and provide guidelines for minimum requirements to be adhered to. In this respect, no formal research studies have been completed in Alberta to specifically determine if child caregivers in private day care centres in Calgary adhere to provincial regulations that were legislated at the time of the study.

Problem Statement

The major problem of this research was to determine adherence of selected child caregivers in the City of Calgary to both the provincial regulations and the provincial policies that govern licensed private day care centres.

Subproblems

The following subproblems were used to support the major problem of this study.

To determine the characteristics that primary child caregivers had including education, training, and other demographic information.

To determine the amount of child care experience that primary caregivers had acquired at their present place of employment as well as the total duration of that experience gained as a child caregiver.

To determine primary caregivers' interpretation of the major role they assumed in the daily lives of the children that they care for in selected Calgary day care centres.

To determine primary caregivers' perceptions of and satisfaction with, the physical environment of Calgary day care centres, in which they were employed.

To determine the interest and aspirations that primary child caregivers in Calgary day care centres had toward establishing a career path or ladder in either Child Care or Early Childhood Education (E.C.E.).

Need for the Study

There are numerous studies which have focused on the rights of the child. More recently, some researchers, Abbott-Shim (1990), Ragozzine (1990), Robinson (1990), Bernotavicz and Huff (1989), Canning (1989), Fiene (1989), Hymes (1989), Powell and Stremmel (1989), Benham (1988), Blazier (1988), Gutwein (1988), Irving (1988), Armga (1987), and Pakorni & Kaufmann (1986) have directed their attention to the training and environments of the child caregiver. Some of the most recent research on this topic in Alberta includes a study that was being conducted in Calgary by Friesen (1991). The Friesen study relates to the training and education of child caregivers in Calgary day care centres. LaGrange and Read (1990) reported on child caregivers in Alberta day care centres when they investigated the characteristics and work environments of child care workers in selected day care centres and family day homes throughout Alberta.

On the national scene, the Victoria Project (1982) and the Vancouver Day Care Research Project (1986) are recent studies of family day care homes. The licensing and regulations were key components of the ecological studies that were described in The Relationship Training and Motivation to Quality Care in Family Day Care (Pence & Goelman, 1991).

A report for the Ministry of Community and Social Services, entitled A Study on Compliance with the Day Nurseries Act at Full Day Child Care Centres in Metropolitan Toronto (West, 1988) looked at the differences between the way child care centres comply with the regulations to the Act, what these differences were and what caused them.

Although a few national and international studies have focused on various aspects of relationships between regulations and compliance within child day care settings, to the researcher's knowledge none of these studies were specifically designed to investigate child day caregivers' adherence to provincial legislation and regulations concerned with licensing of private day care centres in Alberta. This void in the research helped to establish a need for the study.

The paucity of information on the topic of child caregivers'adherence to provincial regulations may have stemmed in part, from the recency of the child care industry as it was known at the time of the research. Provincial legislation has not kept up to the industry and the legislation that does exist is constantly being revised. To illustrate, Family and Social Services of Alberta have been in the process of devising a new Licensing Policy Manual for Day Care Programs since The White Paper on Reforms to Alberta Day Care Programs (1990, March) was released following the 1988 Statement of Social Policy for Alberta, Caring and Responsibility. The latter provided guidelines for directing future social policy and helped to establish funding reforms enumerated in the White Paper. These reforms were adjusted and three months later (July, 1990) The Provincial Government released its paper on The Alberta Day Care Reforms.

With provincial legislation being in a state of flux and a variety of curricular approaches available for training child caregivers, overall programs may have to be revised and updated. With no training requirements, child caregivers in Alberta have arrived at day care centres with varied and diverse backgrounds of knowledge and training. The lack of provincial universal training standards for child caregivers helped to establish another need for the study.

Significance of the Study

Present measures do not adequately reveal what being "licensed" implies in terms of child caregiving practices. Eheart and Leavitt, (1989), on this issue wrote:

> We do not know how widespread violations of licensing standards are, but clearly violations are occurring. We need more information on the frequency of violations, what standards are being violated and what accounts for these violations. Acquiring this information necessitates attention to the relationships between providers' interpretations of licensing standards, provider characteristics (e.g., race, education), and adherence to licensing standards. (p. 159)

An overview of the literature at the preliminary stages of this research indicated that sufficient information was unavailable on child caregivers' adherence to provincial regulations in day care centres throughout the province. The significance of this became apparent when one considers the need for trained child caregivers, which became evident when employment trends for women are reviewed.

Similar conditions existed throughout the country. To satisfy these conditions, as of "March, 1984 there were 11,622 full-time day care spaces for children 0 - 17 months of age, 22,981 for children 18 months to 3 years, and 104,598 for children 3 - 6 years old" (Status of Day Care in Canada, 1984, pp. 13-15).

> Statistics Canada indicate 58% of women with preschool age children are in the workforce. Labour projections for the next decade indicate women will comprise a substantial portion of the new labour force entrants, resulting in increased demands on the training system. The current system is already struggling unsuccessfully to meet the demand of trained caregivers. (The British Columbia Task Force on Child Care, 1991, p. 44)

An increasing number of women have joined the workforce in Alberta. "In 1986, 54.2 percent of Alberta's married women with children and 67.8 percent of single mothers were working. As many as 70 percent of all Albertan mothers with children under 16 were in the labour force in 1988" (The White Paper on Reforms to Alberta Day Care Program, 1990, p. 13). The White Paper (1990) adds that, "there are approximately 171,000 families with children under 6 years of age in Alberta. The government supported day care system is used by about 13 percent of these families" (p. 10) and "currently the regulated day care system serves over 26,000 children in licensed day care centres" (p. 11).

In lieu of the massive number of children affected, the importance of adhering to regulations and giving quality care by dedicated caregivers cannot be overemphasized and helped to add significance to this study.

"Child care in Canada is in crisis. Today 2.1 million children have mothers working full time, yet only 12.5 percent have care that is regulated or supervised by some external authority" (Sweet, 1990, p. 38).

Although government subsidies to day care facilities in

Alberta are higher than many other provinces there may be general neglect in enforcing government regulations. In discussing this issue Bagley (1986) said:

> Provincial inspection regulations in Alberta are weak, a reflection of a private enterprise philosophy in government which assumes that although private centres may receive generous funding, the controls on their operations should be minimal. Our surveys of day care centres and interviews with day care personnel at all levels indicates that this philosophy of minimum control and intervention does not work adequately so far as the delivery of service for children are concerned. The government of Alberta has ignored the recommendations of the Cavanaugh Commission (1983) on child welfare in the province, which recommended that the weak and haphazard system of inspection and control should be replaced by more frequent and stringent inspection to ensure the maintenance of higher standards. Although Alberta regulations are in a number of respects better than those of many other provinces, failure to enforce these regulations adequately means that in practice adherence to them is largely voluntary. (p. 131)

If adherence to regulations is voluntary, the need for child caregivers' accountability becomes imperative. The White Paper on Reform to Alberta's Day Care Program (1990) states, "Alberta and New Brunswick are the only provinces which do not presently require special training for day care staff" (p. 36). Since child caregivers are in proximity daily with the children they care for, they may influence the way growth is fostered in a developing child, and as such should be answerable and responsible for any actions taken. The results of this research may be significant to those who prepare regulations and legislation that control child care in this province as well as in other provinces and the territories.

Limitations of the Study

This study had the following limitations:

It was limited to the provincial legislation and regulations that govern the operation of licensed child day care centres in the Province of Alberta in accordance with the Day Care Programs Licensing Policy Manual (1987), unless otherwise stated.

It was limited to selected private, child day care centres operating at the time of the study in the City of Calgary with the exclusion of nursery schools, drop-in centres and family day homes.

It was limited to the child day care centres randomly selected that made up the population of this study.

It was limited to the administrative, and primary child caregiving staff who provided service to children who attended child day care centres selected to be involved in the research.

The data for this survey was limited to the accuracy of the responses made by the participants to the research instrument and to the researcher's accuracy in the interpretation of the respondents replies.

Assumptions

The following assumptions applied to this particular study.

It was assumed that the caregivers in the child day care facilities selected to be involved in this study were following the policies and regulations established by the provincial legislature.

It was assumed that the researcher would be given the privilege by operators of the child day care facilities to make on-site visits to conduct the research and that the caregivers in these facilities would be willing to and readily participate in the investigation.

It was assumed that most of the child caregivers employed in child day care centres selected to be involved in the research were 16 years of age and over and have had some training or education in Child Care or Early Childhood Education.

Operational Definitions

There are a number of terms used in this study that require operational definitions. It is necessary for the reader to have a clear understanding of these definitions as well as the context in which the researcher uses each definition. These definitions are specific to the study, consequently are limited to the research.

For purposes of this study, definitions were taken from the Day Care Programs Licensing Policy Manual of Alberta (1987), unless otherwise indicated. The citing of the definition will use the pagination system found in the Policy Manual.

Administrative Primary Caregiver: is an administrator who is "gainfully employed or voluntarily employed with the program, who, for at least 50% of their time while so employed, are directly responsible for the safety, well-being and development of the children" (DL-02-01-07). For the purpose of this study the terms Administrative Primary Caregiver and administrator are used synonymously.

Day Care Centre: "a facility providing care, development and supervision for 7 or more children under the age of 6 years for more than 3 consecutive hours per day, but less than 24 consecutive hours" (Regulation 1(a), DL-02-01-01).

Director: means "the director of social care facilities" (DL-01-01-01). For the purpose of this study a child care day centre was considered a Social Care Facility.

Early Childhood Education (E.C.E.): The Task Force on Child Care (1991) defines E.C.E. as, "A course of study which is most commonly offered at a community college or through a continuing education program and which is required for those who wish to become Registered Early Childhood Educators" (p. 116).

License: Is a certificate which an operator must possess "to operate a day care facility" (Regulation 1(d), DL-02-01-03).

A license may be conditional which is not effective before the date of issue. The term that a license is in effect normally is for a period of one year.

Operator: An operator is defined in the Day Care Programs Licensing Policy Manual of Alberta as, "a person or a partnership holding a license" to operate a child day care facility (Regulation 1 (g), DL-02-01-06). An operator must be a full time resident of Alberta; a partnership "consists solely of Alberta residents" (DL-02-01-06).

Primary Caregiver: "means persons gainfully or voluntarily employed with the program, who, for at least 50% of their time while so employed, are directly responsible for the safety, well-being and development of the children" (Regulation 1 (h), DL-02-01-07). For purposes of this study the term primary caregivers will be used synonymously with primary staff and these terms may be used interchangeably. Those eligible as primary staff include the child care staff, volunteers and assistants who were 16 - 17 years of age (DL 02-01-07). Work experience and practicum students from the secondary schools are ineligible to serve as primary staff. Direct child care must be the major responsibility of primary staff and must be clearly indicated on the job description (DL-02-01-07).

Regulations, Policies and Guidelines: The definition of the term "regulations" is defined by Black's Law Dictionary (1979), as;

> Such are issued by various governmental departments to carry out the intent of the laws. Agencies issue regulations to guide the activity of those regulated by the agency and of their own employees and to ensure uniform application of the law. Regulations are not the work of the legislature and do not have the effect of law in theory. In practice, however, because of the intricacies of judicial review of administrative action regulations can have an important effect in determining the outcome of cases involving regulatory activity. (p. 1156)

For the purposes of the Day Care Programs Licensing Policy Manual (1987) a policy "provides direction and interpretation of the legislation for determining compliance" (1-DL-00-00-03). A comment "provides further explanation of legislation or policy". (1-DL-00-00-03) A guideline "provides recommendations which would enhance the quality of care but are not a policy requirement" (1-DL-00-00-03).

For the purpose of this study, any regulation or policy stated, is to be considered a rule, or a prescribed governing guide for conduct of action, to be adhered to by those participating primary caregivers involved in this study.

Population and Sample

The population for this study was comprised of all private, child day care centres licensed by the province and operating in the City of Calgary.

At the request of the researcher, a current listing of Child Care Facilities was compiled by the Director of "Choices in Child Care" in Calgary. "Choices in Child Care" is a program that is operated in Calgary by an experienced, professional group that provides centralized information, consultative services and resources on child care to the community at large.

The list consisted of all licensed family day homes, as well as all child day care centres according to the type of financial support they received, profit and non-profit, that were operating in the City of Calgary. This list was stratified into family day homes and child day care centres. The 220 day care facilities listed included 29 family day homes, 40 non-profit day care centres and 151 private day care centres, which were profit generating. The 29 family day homes and the 40 non-profit day care centres were eliminated from the study because these facilities were not considered to be private child care day centres per se. The population of the study included 151 private day care centres from which a sample of 123 primary caregivers, and 27 administrators were taken.

The 151 day care centres were placed by location in one of four quadrants of the city. The quadrants were north-east, north-west, south-east, and south-west with Centre Street and 16th Avenue as the lines of demarcation. Each private day care centre was identified with a quadrant, with 36 day care centres in the north-east quadrant, 32 in the north-west, 32 in the south-east and 51 in the south-west. From the population of centres for each quadrant a random sample was drawn. To determine the number of centres required from each quadrant and to maintain an equal representation of day care centres for each quadrant, a 4:1 ratio was employed. From every four day care centres, one was selected, thus, creating a sample of nine day care facilities from the north-east quadrant; eight from the north-west; eight from the south-east and twelve day care centres from the south-west quadrant. From the total population of 151 day care centres in the four quadrants, 37 were randomly selected to be involved in the research. The procedure recommended by Leedy (1989) in Practical Research Planning & Design was used to randomize the 151 child day care centres. These data can be found in Table 1.

Table 1

Sample Size of Day Care Centres in Quadrants of Calgary

N = 37

Quadrant	Selected Day Care Centres	
	Number	%[1]
North-east (36)	9	25.0
North-west (32)	8	25.0
South-east (32)	8	25.0
South-west (51)	12	23.5
Total	37	98.5

[1] Percent of Centres in quadrants
Percentage is less than 100 because of rounding.

The number of caregivers employed at each centre, administrative, and primary, was unknown and varied with the size of the centre and the number of children attending each centre. These were variables over which the researcher had no control and were not determined until the researcher made an on-site visit to administer the research instrument.

Data in Table 2 show the number of administrators and primary caregivers in the 27 day care centres for each quadrant of the city who participated in the research. These data also show that in the 27 day care centres there were 27 administrators and 123 primary caregivers who supplied data for analysis.

Table 2

Number of Administrative and Primary Caregivers Employed in Day Care

Centres by Quadrant

Quadrant	Participating Day Care Centres		
	Number		
	Centres	ADM[1]	P.C.G.[2]
North-east	8	8	39
North-west	5	5	18
South-east	5	5	17
South-west	9	9	49
Total	27	27	123

1 ADM = Administrator
2 P.C.G. = Primary Caregiver

Instrumentation

Following a review of the literature on instrument design the researcher made a decision to use a two-part questionnaire to collect data for analysis.

To facilitate the development and design of the questionnaires, the researcher reviewed several questionnaires that were used by previous researchers; none proved appropriate for the purpose of the study. A review was made of the *Development and Design of Survey Questionnaires*, a publication of Statistics Canada, Census and Household Survey Methods Division, (Platek, Pierre-Pierre & Stevens, 1985). This review was made to enable the researcher to determine how a questionnaire was developed, how to organize and structure parts of a questionnaire so these parts related to its total content, style and format as a data collecting instrument. The principal step after analyzing this publication was to extract specific regulations and policies from the Day Care Programs Licensing Policy Manual of Alberta (1987) which were integrated into the two-part questionnaire.

Part 1 of the research instrument was used to collect demographic information from administrators and primary caregivers who participated in the research. The development of the administrator and the primary child caregiver profile evolved from Part 1 of the questionnaire. Statements 1 through 10 of Part 1 of the questionnaire were identical for both groups.

Part 2 of the research instrument was designed by the researcher, using as base documents statements from the regulations and the policies that govern day care programs in the Province of Alberta. A series of closed end policy statements for discrete categories were also included. The statements for the administrators and the primary caregivers differed. Included with each statement in Part 2 was an **"AWARENESS SCALE"** and a **"PRACTICE SCALE"**. For each scale a three-point modified Likert type rating scale was used. The choices for the **"AWARENESS SCALE"** were: "Not Aware", "Somewhat

Aware", and "Fully Aware". The "**PRACTICE SCALE**" had these choices: "None", "Occasionally", and "Always". Prior to being used in the major portion of the study, the instrument was reviewed by a specialist in instrument design, Department of Educational Psychology, University of Alberta. From this review, modifications to the instrument were made and a general layout plan for coding and other data capture procedures were determined.

Since the questionnaire was designed by the researcher and untested, a pilot study was conducted.

Pilot Study

A pilot study was conducted to pretest the research instrument. Permission was granted by six day care directors in Calgary to pilot test the instrument in these quadrants of the city: two day care centres in the north-east, two in the south-west, one in the north-west and one in the south-east quadrant. None of these day care centres or their personnel were part of the major portion of the investigation.

The major purpose of the pilot study was to identify any problems that existed with all aspects of the questionnaire before it was operationalized. Typical questions pilot study participants had to assess included: were the instructions clear and simple to follow; were the questions phrased correctly and in a logical, sequential order; were all the key regulations and policies included as statements in the various categories of the questionnaire; were any statements unnecessary or redundant; and how long did it take to complete the instrument?

Prior to conducting the pilot study each day care director was contacted by telephone to arrange a time for a site visit. During the time of the site visit an interview was held with each director to review and discuss the questionnaire and to inform the director that research ethics would be followed while the study was being conducted.

A covering letter was prepared for the caregivers, the content of this letter indicated the researcher's purpose for conducting the study and requested the cooperation of the caregivers to participate in the initial phase of the research. To ensure anonymity, pilot study participants placed their completed questionnaires in a sealed envelope which was placed in a slotted mailbox. All instruments were delivered to each site and collected by the researcher three days after delivery. One callback was made to several centres one week following the data of collection to secure the remaining questionnaires.

When the questionnaires were picked up at each site at the convenience of the director and caregivers, a short debriefing session was held with those involved in the pilot study phase of the research. The purpose of the debriefing session was to obtain pilot study participants' reaction to statements on the questionnaire concerning clarity, sequencing or phrasing, relation to policies and regulations, and the amount of time it took to complete the instrument. The questionnaire took approximately one-half hour to complete. To improve the quality and effectiveness of the instrument, modifications and revisions were implemented as advised by those involved in the pilot study. Six administrators and 43 primary child caregivers from six day care centres in Calgary participated in the pilot study.

Methodology

The following methodology was used to complete this research. To collect data for the literature review and instrument development the researcher conducted a library search using both manual and electronic means.

While conducting the literature review, the following reference materials were consulted. *The Education Index*, *The Canadian Education Index*, *The Alberta Education Index*, *Resources in Vocational Education*, *A Directory Education Studies in Canada*, *A Sourcebook of Royal Commissions and Other Major Government Inquiries in Canadian Education 1787 - 1978*, *World Survey of Education Vol. V*, *Educational Policy, Legislation and Administration*, *Canadian Thesis*, *Dissertation Abstracts International*, and *Master Theses in Education*.

The CD-ROM data base for thesis and dissertation abstracts in Canada for the years 1980 to 1989 to 1991 produced 43 hits using the descriptors of day care in combination with staff, workers or giver. Of these, three were selected for review. The first was a Ph.D. dissertation by Sevcik, done in Toronto, (1986) which examined the individual and cumulative efforts that certain factors had on parenting tasks. The second study was also a Ph.D. dissertation done at the University of Toronto. This dissertation analyzed the determinants of the choices of child care by mothers who had preschool age children (Cleveland, G., 1990). The third study, done in Regina, was a Masters' thesis on clarification of relationships between day care experiences and the quality of infant mother attachments (Schner, 1990).

In addition, the following data base was used, Educational Resources Information Center (ERIC). Using these descriptors: day care, day care centres, day care licensing, day care regulations, in combination with child caregivers that were taken from Thesaurus of ERIC Descriptors. This procedure yielded 363 hits of which 113 were selected for use.

The Sociological Abstract (Sociofile) data base was searched using The Thesaurus of Sociological Indexing Terms. Using combinations of descriptors, care, caregivers, child care services and day care, 15 hits resulted, of which five were used in the study.

Other data bases that were searched included: the Childcare Resource and Research Unit (CRRU) Centre for Urban and Community Studies, University of Toronto, Choices for Child Care, DOBIS for Serial List and NOMADS for government publications, shelved in the library of the University of Calgary.

In summary, the search of the Serial List and NOMADS produced 213 abstracts of which 56 articles were selected for review because they were related to the present study. The abstracts of these data bases failed to identify any study that dealt specifically with the results of the searches of administrative personnel and of primary child caregivers to the provincial regulations and policies that govern them in licensed, private, day care centres in Alberta. This helped to support a need for the study.

From an intensive review of the literature on instrument design the researcher made the decision to use a two-part questionnaire to collect data for analysis. The process used to design the questionnaire and implement it in the study is fully detailed in the previous sections of this chapter that are labelled "Instrumentation" and "Pilot Study" respectively.

Both the research proposal and the questionnaire were submitted to the Department of Adult, Career and Technology Education Ethics Review Committee for review. This procedure was followed to ensure that the research would be conducted in accordance with the ethical guidelines for conducting research established by the University. The Ethics Review Committee approved both documents as meeting the guidelines. With this approval the researcher was able to proceed with the study. This approval can be found in Appendix C.

To identify the research sample that was involved in this study, first the population of all the licensed private child day care centres in Calgary was identified with cooperation of the Director of the "Choices in Care" for the City of Calgary. The procedure used to select the research sample was explained in a previous section under the heading "Population and Sample".

After establishing the research sample, the director of each day care centre was contacted by mail. Prior to making that contact with research participants a letter was prepared and sent to 37 day care directors who were selected to be involved in the research. A copy of this letter can be found in Appendix A. This letter had two purposes: (1) to ask administrators to participate in the study and (2) to seek the administrators' cooperation to allow the caregivers that they supervised to become involved in the investigation. Twenty-seven administrators agreed to participate in the study and to permit the primary caregivers at their day care centres to also become involved in the study. At the initial contact the researcher met with administrators and caregivers when the questionnaires were distributed. At the meeting the director or administrator of the day care centre was given a copy of the questionnaire and asked to review it. Following its review, the researcher requested permission to distribute the appropriate number of questionnaires to both the administrators and primary caregivers. During this meeting an explanation was given by the researcher to those involved in the study that absolute anonymity was ensured for each day care centre administrator as well as for each caregiver, that participation in the study was strictly on a voluntary basis and that participants could withdraw from the research at any time without prejudice as outlined in the rules and regulations of the Ethics Review Committee of the Department of Adult, Career and Technology Education.

Completed questionnaires were placed in a sealed envelope which the participant deposited in a slotted mail box that was provided by the researcher. The mail box was collected three days after the initial site visit. This was to allow for absenteeism. A callback visit was made one week later to secure any remaining questionnaires. To facilitate the delivery of questionnaires and the collection of completed instruments, field work was done by quadrant using this sequence; north-east, north-west, south-east and ending with the south-west quadrant of the city.

Analysis of Data

Data collected with the questionnaires were codified and entered into a computer file by personnel of the Division of Educational Research Services, University of Alberta for analysis using the percentage and frequency programs from the Statistical Package for The Social Sciences (SPSS^x). The collected data were illustrated in tables for ease of interpretation. Conclusions and recommendations were made from the research findings. Observations made by the researcher during the process of the study were also reported.

Organization of the Thesis

The thesis consists of five chapters and follows this organizational pattern.

The first chapter describes in detail the research design through the following sections: introduction, statement of the problem, supporting objectives, need for and significance of the study, limitations, operational definitions, population and sample, instrumentation, pilot study, methodology and analysis of data.

The second chapter consists of seven sections. Section one is an overview of the evolution of day care programs in Alberta. This is presented from a demographic, political and academic perspective. Section two is an overview of federal legislation directed at child day care, which is followed by section three, provincial legislation in Alberta as it relates to child day care centres and caregivers. Section four reports on the municipal aspects of growth and development of day care in the City of Calgary. The fifth section, preparation: day care staff; focuses on training and education of child care givers in the Province of Alberta. A discussion of the key regulations and policies as outlined in Day Care Licensing Manual of Alberta (1987) is found in section six. Section seven, the final section in chapter II, reviews the related literature and research and concludes with a summary of the chapter.

The third chapter provides an analysis and presentation of data collected with the questionnaires. These data were organized into tabular form for ease of analysis and interpretation.

Content of the fourth chapter contains interpretations of the data that were analyzed and shows how these data relate to both the problem statement and the supporting objectives of the investigation.

The fifth chapter concludes the report with a summary of information collected along with the conclusions, recommendations, and observations made by the researcher while conducting the study.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

Introduction

The previous chapter of this study described the research design and methodology that was used to collect data for analysis.

This chapter contains seven sections and begins with an examination of the factors that influenced the development of child day care centres. These factors are discussed from a demographic, an academic and a political point of view.

Since federal strategies have had a profound effect upon provincial legislation relative to child day care, it is from a broad national context that a review of this legislation is presented in the second section. The section on federal day care legislation is followed by section three, which concentrates on provincial legislation as it related to child day care. Section four of the chapter traces the municipal growth and development of child day care in Calgary.

The fifth section, preparation of day care staff, focuses on education and training of child caregivers in the Province of Alberta.

In the sixth section can be found a discussion of key regulations and policies that are outlined in the _Day Care Licensing Manual of Alberta_ (1987). The final section concludes the chapter with a review of the related literature and research plus a summary of the chapter.

Child day care in Alberta stems from Canadian, North American and European roots. Much that transpired elsewhere in this area in other countries also happened in Alberta.

Factors that Influenced Development of Day Care Centres: Demographic, Academic and Political

Evolution of Child Day Care from a Demographic Perspective

Demographic changes initiated by the Industrial Revolution brought about many changes in the economic conditions which affected family lifestyles and ultimately influenced trends on day care for children. As industry and technology grew so did the demands for a greater work force, and with this, the advent of mothers into the labour market and a greater need for centres that would care for children of working mothers.

> Historically some of the social causation which may account for the emergence of child day care as a social institution in the second half of the twentieth century America includes the following: 1. The decline of the extended family system almost to the point of disappearance; 2. The attenuation of the neighbourhood as a mutual aid system due to high population mobility; 3. the decrease in the permanence of marriage and the stability of the home due to increase in divorce; 4. the increased need for community child support services because of cultural acceptance of the one-parent family; and 5. the need for an ever-increasing amount of day care services because of community acceptance of working mothers, propelled in part by welfare policy and perhaps reinforced by changing concepts of women's roles. (Kilmer, 1980, p. 4)

The need for working mothers was also perpetuated by large scaled wars, of which none had greater impact than World War II. Suddenly there was mass employment for women in factories and other areas of national defence; few were left home to care for the children. Child day care for these employed mothers became a critical issue.

Regional and national urbanization was enlarging the cities just as new found mobility was transforming the family. Women had been indoctrinated into the work force during the war and many did not return to their role of housewife following the cessation of World War II. Instead, the role of the working mother steadily increased.

Historically, Alberta did not escape these events, nor was this province immune to the changing character and increasing needs of institutional services for children. As late as 1972, Howard Clifford, who was then the director of day care services for the City of Edmonton, stated his concern in this regard. In, Let's Talk Day Care, Clifford (1972) pointed out,

> The family has been forced to relinquish its previous structure and share its traditional roles because the family as a unit is too inefficient to meet the demands of a society where knowledge is doubling every ten years and specialization is a prime characteristic. (p. 20)

Evolution of Child Day Care from an Academic Perspective

From an academic point of view, probably the greatest thrust in educational instruction came through the inauguration of the Head Start Programs in United States and from which Canada still reaps many benefits. Although the attitudinal climate of the day care was not conducive to working mothers, and a welfare type of work ethic prevailed; the Head Start Program, initiated in 1960, slowly embedded itself in the American way of education and gradually progressed, changing the concept of purely custodial child day care to that of applied educational enrichment.

In Canada, wide variations in educational programs and objectives, due to lack of national or provincial standards for instruction, make detailed analysis of child day care programs difficult. Perhaps the closest program to parallel the American Head Start Program, plus the one in which the most consistent educational advances have been made, is in the area of the Infant Development Program for children under the age of three, which no doubt indirectly evolved from the first Infant Schools in this country.

> Infant schools were the first group day care centres supported from sources other than partial payment alone, and intended, in part, to serve the child care needs of working parents. The Infant Schools established both in Canada and in the United States were based on earlier British models. The "golden age" of the Infant School movement in North America was in the late 1820's and the early 1830's. (Pence & Canning, 1987, p. 111)

The first specific models for day care in Canada consisted of three models: the Robert Owen's model, the London Infant School Society model, and the North American Conception/Reaction model (Pence & Canning, 1987, p. 112).

The first model was devised by Robert Owen in the early 1880's in an effort to set fine examples of the industrial town of New Lanark, Scotland, and to meet the needs of the working women who were an integral part of the new labour group. Owen's goal was to establish an "institution for the formation character", and was in direct contrast to the traditional type of learning institutions (Pence & Canning, 1987, p. 112). All children regardless of age were to attend these learning institutions, none were to be excluded. Each child attending a learning institution was to experience positive learning through an established curriculum, which included music, song and dance. The success of the experimental model of Robert Owen's gained the attention of a group of London philanthropists who eventually hired Owen's instructor to set up a London based infant school. The objectives of that group were strictly to promote social control of children, especially for wayward and street children who added to the higher urban crime rate. Good citizenry and respect for property rights became paramount in the instruction of the infant schools (Pence & Canning, 1987, p. 112).

By 1830, the London model was implemented in the eastern United States and Canada and soon became known as the North American model. The aim of this model was two-fold; first, as a resource for working parents; and second, to reform children who come from bad home settings. An industrial society with its shifts in the framework of the family led to its demise.

For a while women were supported and continued to work in the labour force. However, this was short lived as the New Victorian family model began to evolve. Men were classified again as breadwinners; women as domesticators, childbearers and child rearers; each had strictly defined roles to which they were to adhere. This "ideal" model for the social structure of society lasted from the end of the nineteenth century into the middle of the twentieth century when new models for academic learning evolved in the areas of day care for children.

O'Grady and Glass (1989) outline the following six models for academic day care programs: the Deprivation-Education Model, Empowerment Model, Surrogate Parenting Model, Acceleration Model, Custodial Model, Cognitive-Play Model and the Infant Programs.

The Deprivation-Education Model's aim is to help the disadvantaged child make up for experience and skills that are lacking prior to enroling in school. The rationale for this model is that by equipping the child with the necessary rudiments of socialization at a younger age, future problems may be alleviated or minimized in the primary and intermediate grades. (p. 230)

The Empowerment Model is similar to the Deprivation-Education model. However, the source of the risk creation factor for potential educational failure lies within the school system itself, rather than the child. Rather than attempting to acculturate the child to the dominant system, the aim is to help empower or enable the child to make a harmonious transition and fit in to the new system while retaining a sense of their own self-worth and cultural identity. (p. 230) The Cross Cultural Children's Centre in Calgary may be an example of this model.

The Surrogate-Parenting Model assumes a nurturing role in an attempt to rectify faulty parenting skills. The objectives are to reduce and correct the harmful effects of past abuses that the child may have experienced (p. 231). The Louise Dean School for pregnant unwed mothers may be one example of this model in Calgary.

The Acceleration Model's objective is to speed up the education process in various areas of learning. Children usually begin school about the age of four, in programs that are designed to enhance education skills as well as set appropriate behaviours and classroom conduct. (p. 231)

The primary goal of the Custodial Model is to keep the child healthy, comfortable, safe and free from physical or emotional harm. No structured learning is intended. Socialization generally occurs in an understimulating environment where the children are contained until the parents return from their employment. In varying degrees, the objectives of many of our present day cares are not intended to do more than this. Ross (1978) describes much of the day care in the 1930's as simply custodial in nature, with "aimless, non-directed groupings of children", housed in walls, "barren and cheerless in appearance" (p. 143).

Since children are one of humanities greatest resources, concerns revolved around such issues as the quality of life in day care and the vital role it plays in shaping the future of children, and in turn, the vital role these children will eventually play in shaping the country's future. Uneducated, unstructured, unchallenged, many children succumb to loneliness and further deep rooted problems in today's society. "Marasmus" is not a term that is frequently discussed in today's beau monde society; however, it does exist and is the most preventable condition known from which a child may actually die. There is a tendency to equate terms like this only to the medieval orphanages of the past, but this needless condition that experts state can't happen in our society, is happening, and society either fails to, or refuses to, recognize its symptoms. There is no doubt that some custodial programs are housed in excellent facilities, and offer outstanding day care, nevertheless the program is limited and should be recognized for what it is (Draper, 1979, p. 324).

The objective of the Cognitive-Play Model basically is to have children learn through play. Trained staff use their skills to achieve optimum learning in the child through examples based on curriculum theory. However, concentration is usually devised through various methods of play. (O'Grady, & Glass, 1989, p. 231).

Numerous new models are being devised; several are offspring of the more traditional models or combinations thereof and many are local, experimental and transitory in nature.

Academically, models suggest a necessary framework which a day care may use to accomplish its goals, objectives and strategies. A model does not always ensure the operation of a valid program. This depends to some extent on the knowledge, experience and understanding of the staff in implementing the programs that comprise the model.

"In support of the basic approach, some educators argue that drilling young children in language and number skills is particularly useful, in fact, essential for underprivileged children", however, it is quite clear that, "most educators and developmental psychologists strongly support the less academic approach" (Shell, 1989, December, p. 56). To date, there is little data to support either viewpoint.

Evolution of Child Day Care from a Political Perspective

From a political perspective, although some form of child care has existed in North America for over 150 years, until recently, child day care issues had been virtually ignored by all levels of governments.

Some of the first day care centres in Canada were established by the Roman Catholic Nuns in Montreal during the 1850's, while in Toronto other church groups set up the first day nursery to "shelter, feed and give Christian training to children of working parents" (Chenier & LaBarge, 1984, p. 19).

Quebec was the first province to offer government financial support for day care, when the Salles d'Aisle were financed in part by provincial grants. The Salles d'Aisle often catered to children of more affluent working mothers, while the creches, which were more custodial in nature served the needs of children for the working poor (Chenier & LaBarge, 1984, p. 20).

During the early 1890's the National Council on Women received revenues from provincial governments and municipalities, as well as from private and voluntary contributions to support more than 15 centres located in Ontario and Quebec which provided daily care for 200 to 600 children per centre (Keenan, 1986, p. 3). Evidence of the need for day care for children had been firmly established, but the form of care was still viewed by many as charity for the needy. Julia Drummond and her husband, Senator George Drummond were the founders of the Charity Society, which was set up to rationalize such charity in Montreal.

Lady Aberdeen organized the National Council on Women in 1893 to coordinate women's work in Canada. For the next three decades this council play an active role in many of the reforms that changed women's roles. Council women like Julia Drummond, a friend of Lady Aberdeen, believed that wealth and position carried with them obligations of service. In doing so, women on the council were effective in organizing hospitals and training schools; they gained improvements in working conditions for females; they campaigned for better maternal and child care and eventually, they came out in support of the suffrage for women.

Politically, the emergence of child day care in Western Canada evolved through similar channels as it did in Eastern Canada.

> As the population and industry moved westward, the number of women working outside the home increased. Similar to the East, day care in Western Canada was started by the religious and charitable organizations. Winnipeg and Edmonton began to set up day care centres in 1908. (Keenan, 1986, p. 3)

Where child day care was non-existent, women were forced to place their children in institutions, orphanages or asylums. "Agencies like Kingston Orphan Home and British Columbia Orphan's Home, founded in 1873, took children from destitute families as well as orphans" (Report on the Task Force on Child Care, Series 2, 1984, p. 23).

Legislation passed in several provinces for mother's allowances and pensions during and following the First World War was effective in bringing a decline in the need for day care and closing some of these centres. "The unwritten corollary was that providing public funds for family support would keep the mother from going out to work" (Keenan, 1986, p. 3). The Second World War with its increased industrial production and need for male workers in the Armed Forces once again created job opportunities for women in munition factories and other war industries. Talks regarding child day care intensified among the various women's organizations, the industrialized provinces and the federal government.

> The Dominion-Provincial Agreement of March, 1942 made government subsidies available to provide day care for children. Costs were to be shared equally between the federal and provincial governments. Ontario, Quebec and Alberta signed the agreement and established Provincial Advisory Committees on Day Nurseries. In 1944, ignoring pressure from groups in Calgary and Edmonton, the Alberta Committee reported that there was no need for new facilities. (Report on the Task Force on Child Care, Series 2, 1984, p. 25)

When the war ended, war industries downsized their labour forces to the needs of civilians; men in the Armed Forces returned to replace the working women and in 1946 the Dominion-Provincial Agreement was terminated, thus effecting the closure of many wartime day care centres. With this, day care returned to its former charitable character.

In lieu of the preceding events, advances on child day care issues were at a relatively low-ebb during the 1950's. Lack of supporting mechanisms for working mothers propelled opponents of the day care facilities to reinforce the theory that substandard care was given to children by mothers who were employed outside the home environment.

In summation, section one has reviewed the evolution of child day care from a demographic, an academic and a political perspective. This introductory section has provided an overview of day care in Canada to the mid-twentieth century. The following three sections, federal, provincial and municipal legislation will continue to trace the growth of child day care from that time to the present.

Federal Legislation Related to Child Day Care

Federal strategies have had a universally profound effect upon provincial legislation relative to child day care within each province; consequently, it is in the broader national context that Alberta child care legislation was reviewed.

Important developments with regard to child care in Canada have taken place in the last 25 years. These include: The Canadian Assistance Plan, (C.A.P.) 1966; two National Studies, first, The Report of the Royal Commission on the Status of Women, 1970, and the second, The Abella Report, a Report of the Commission on Equality in Employment, 1984; two National Child Care Conferences, the first was held in Ottawa in 1971 and the second was in Winnipeg in 1982; The Canadian Day Care Advocacy Association, formed in 1983; The Task Force on Child Care, 1984; The Martin Report, 1985; The National Strategy on Child Care, 1987; The Canada Child Act, plus numerous government promises for a National Day Care Policy. In spite of much opposition and many economic and social forces working against them, in 1961 the women in the labour force began to unite again and continued to do so throughout the decade. In 1966, the Canadian Assistance Plan (C.A.P.), a federal plan, was implemented, reactivating federal participation in the funding of child day care centres. This plan was implemented in 1966 to share costs with the province, to reduce poverty, child neglect, and peoples' dependence on welfare systems (The Canada Assistance Plan and Day Care, Status of Women Task Force on Child Care, Hansen, 1984).

The Statutes of Canada, (1989) provides the explanation for the Canadian Assistance Plan,

> An act to authorize the making of contributions by Canada toward the cost of programs for the provision of assistance and welfare services to and in respect of persons in need.... This act may be cited as the Canadian Assistance Plan R.S.,c.C-1s.1. (The Statutes of Canada, 1989 Vol. 11 Chap. C.O.4/C-19 1989 12 31)

Child day care was not a prime issue when this plan was initiated over twenty-five years ago. "Only 26% of married women in their prime child-bearing ages (25-34) were in the labour force" (Task Force on Child Care, Series 1, 1985, p. 3). The plan was intended to only play a limiting role in providing funds for child care needs. During the 1980's there was a dynamic increase of women with young children in the labour force, plus a lack of day care spaces for these children in licensed day care facilities.

> Estimates by the National Day Care Information Centre indicated there were just 139,000 spaces for children in day care centres and family day care across Canada at the end of March, 1983. But in that year 800,000 mothers with pre-school children were in the labour force. Close to 460,000 mothers with pre-school children were employed full time in 1983. Even if we assume that only mothers with full time jobs required child care services for their children, and that each of these mothers has only one child in need of service, the number of licensed child spaces would have been enough to serve only 30% of the children needing the service. (Task Force on Child Care Series 1, 1985, p. 3)

The Report on the Royal Commission on the Status of Women, (December 1970) was the first report to suggest that child care should be viewed as a universal societal responsibility in Canada. The report called for accessible and affordable high quality child care, effected through a *National Day Care Plan*. Two years later the formation of a *National Day Care Information Centre* was established within the federal Department of Health and Welfare. *The National Day Care Information Centre* (1972) was established largely through the efforts of Howard Clifford who is presently its national advisor on Child Care Programs. Mr. Clifford recognized the growing need for a national central agency to accumulate and disperse information on child care throughout Canada. Customers of the services offered by the *National Child Care Information Centre* include social service organizations, government departments, child care associations, resources and information centres, as well as the feasibility of these services extended to the general public. Publications such as *Better Child Care for a Brighter Future*, *Childcare Tomorrow* and yearly reports such as *Status of Day Care in Canada* and a *List of Projects Approved Under the Child Care Initiatives Fund* are recommended to enhance the awareness and knowledge of those concerned with child care in today's society.

The aim of the *National Child Care Information Centre* is to provide information and promote the development of quality child care services in Canada.

The Centre's mandate is:

- to assemble and distribute information on child care;
- to stimulate research in the field of child care services;
- to promote the Child Care Initiative Fund;
- to ensure that the public and private sectors have access to the most current information and research;
- to maintain a federal presence in the child care community. (National Child Care Information Centre, 1972, p. 002/005)

The Canadian Day Care Advocacy Association, established in 1983, evolved from the second conference of the Canadian Council on Social Development which was held in Winnipeg in 1982. The Advocacy Association campaigned for a federal-provincial maintenance grant, national day care standards and access to good quality day care for all potential participants (Child Care in Canada, Baker, 1987, p. 17). In 1984, the liberal government of Prime Minister Trudeau appointed a four member task force (chaired by Dr. Katie Cook) for the Status of Women. The final report of the Task Force became known as The Cook Report, released in 1986, it advocated a universal day care system which would be publicly funded through tax recovery from the added employment of working families. Long range goals of the report were aimed at having a fully funded program that provided for accessible, high quality day care for all who required it.

Recommendations made in the Cook Report were never acted upon due to the federal election that took place in 1984. In

1985 under Prime Minister Mulroney's leadership, the Conservative government established a Special Committee on Child Care. Shirley Martin, M.P. was appointed chairperson of this committee; the final report of the committee was titled, Sharing the Responsibility, which became known as the Martin Report (1987). The Martin Report opposed the fully funded governmental day care proposed in the Cook Report.

During the spring of 1987, Jake Epp, M.P., Federal Minister of Health, announced plans for a new National Day Care Program. On December 3, 1987 details of the National Strategy on Child Care were released by the federal minister. In part, the National Strategy on Child Care stated:

> The National Strategy on Child Care is a balanced package of federal tax assistance for families and a new provincial cost-sharing partnership to support child care facilities.
> The National Strategy will:
> 1. dramatically increase the number of quality child care spaces for children in Canada.
> 2. establish an effective partnership with the provinces for the support and maintenance of a quality child care system; and
> 3. assist parents with the costs of providing or purchasing child care in their preferred arrangements. National Strategy on Child Care, Health and Welfare, Canada, December, 1987, p. 6)

The three main components of the National Strategy on Child Care were: The Child Care initiative Fund (C.C.I.F.); Tax Assistance to Families with Young Children; and a new, Canada Child Care Act. In addition to contributing 3 billion dollars over the next seven years, 1987 to 1994, to the new federal-provincial cost sharing program, the federal government was to contribute "another 100 million dollars to establish a Child Care Special Initiatives Fund for innovative research and development. The remaining 2.3 billion of the federal financial commitment will provide enhanced tax assistance to families with young children" (National Strategy on Child Care, Canada, 1987, p. 2).

The Child Care Initiative Fund (C.C.I.F.) "began operations on April 1, 1988 with a 7 year mandate to encourage and evaluate innovations and to enhance the development of approaches and services in child care in Canada" (Maxwell, A. 1992, p. 4).

Responding to the National Strategy on Child Care, in Smoke and Mirrors, (Perception, Vol. 2, No. 3) Sue Colley, who chaired the child care committee of the National Action Committee on the Status of Women, stated; "Absolutely no criteria, objectives or standards for the disbursement of funds have so far been included in the strategy" (Colley, undated, pp. 27-28).

The Canada Child Care Act was never enacted because the 1988 federal elections interceded. While campaigning during this election, Prime Minister Mulroney made the commitment to reintroduce the proposed Child Care Act. However, following his re-election, the Prime Minister stated that new child care legislation would be instituted before his mandate ended. At the time of this study there were no evidence of any new procedures taking place towards establishing a new Child Care Act at the federal level.

Provincial Legislation Related to Day Care in Alberta

In the past, provincial ties have been inexplicably woven with federal legislation and it is from this perspective that one begins to review provincial legislation related to child day care in Alberta.

Child day care in Alberta has been propelled through numerous briefs, reports and proposals. It has undergone the effects of services that were either centralized or decentralized, as well as experiencing the transitions between each of these stages.

Political involvement with child care in Alberta began in the early part of the twentieth century with concerns for families and welfare cases. Following a study of Ontario's protection legislation (1893) the government of Alberta enacted, in 1909, what was judged by some to be the most progressive legislation to eliminate child neglect in Canada at that time, it was called the Children's Protection Act.

> This Act provided a definition of child neglect that was essentially unchanged for the next seventy-five years, and vested the responsibility - known today as the Directory of Child Welfare. It established the legal age of a child as being less than 16 years. A Superintendent of Neglected Children was appointed, and Children's Shelters and Children's Aid Societies were established (Child Welfare in Alberta, A Progress Report, 1985, p. 3).

The Lieutenant Governor in Council appointed a Superintendent and Deputy Superintendent of Child Welfare plus a psychiatrist, probation officers, inspectors and child welfare workers to carry out the provisions of the Act. The Lieutenant Governor in Council also appointed a Child Welfare Commission of which the Superintendent of Child Welfare was to be the chairman. The Children's Protection Act was succeeded by the Child Welfare Act of 1944. The major provisions of the Child Welfare Act, 1944, were to "encourage, promote and assist in the proper care and welfare of children in the Province" and to "have supervision over all children who are wards of the government" (Statutes of the Province of Alberta, Ninth Legislative Assembly, 1944, p. 68). In carrying out these duties, the Child Welfare Commission would supervise neglected and dependent children (including immigrant children) and would provide shelters and homes where such children would be cared for.

In 1957 the Child Welfare Act was amended. The amendments gave the provincial government new legislative power as they related to day care centre child care. For the first time in the history of the province it was possible to license and inspect social care facilities under the auspices of the Homes Investigating Committee which had been established in 1956 to inspect and make recommendations on foster homes and institutions. An end to the Children's Aid Societies also came about in 1957 when all financial responsibilities for children under the Societies' care were placed under the jurisdiction of the Provincial Superintendent, who was responsible for neglected children and who acted on behalf of the provincial government.

In 1966, the Canadian Assistance Program (C.A.P) was reactivated by the federal government and provided a 50 - 50 cost sharing program between the federal and provincial governments. At this time the provincial government also enacted legislation that enabled transfer of "statutory protection" for children services from the municipalities to the province. The Child Welfare Branch now assumed responsibility for investigating all cases of child abuse and neglect within the province (Child Welfare in Alberta, a Progress Report, 1985, p. 4).

The Preventative Social Services Act (P.S.S.) also came into effect in Alberta in 1966. This act allowed non-profit day care centres to receive cost-shared provincial funding, administered and operated by municipalities. Later that year, the Edmonton Welfare Council sent a brief to the city of Edmonton on The Establishment of Day Care Services, urging the city to establish a day care section, based on standards set by The Child Welfare League of America Standards. These standards were adopted by both Edmonton and Calgary. (McGregor, 1984, p. 3). The purpose of the day care program was to provide care to children in an out-of-home setting, whether it was after school care, or preschool care, and whether care was given in day care centres or family day homes. "Between 1970-71 and 1974-75 the number of spaces in the P.S.S. day care centres increased from approximately 600 to 1725 spaces" (Anderson, D. 1975, p. 1).

Unlike the private centres, The Preventative Social

Services child day care centres gave priority to low income families, single parent families, and to those families with special needs. During its time, the Preventative Social Services Program was one of the most prodigious programs in Canada and "the Acts' successor", The Family and Community Support Service (F.C.S.S.) Act "is still unique in all provinces in placing a major emphasis on preventative social services for families and children independently of child welfare or child protective legislation" (Bagley, 1986, p. 68).

In the following table are data which show the status of child day care centres in Alberta from 1959 to 1973. It is evident from these data that the number of day care centres in the province over the 14 year period show a geometric increase in the number of centres that were established.

Table 3

Number of Day Care Centres in Alberta (1959-1973)

Year	No. 1 Nursery Schools	No. 2 Play Schools	No. 3 Day Nurseries
1959	0	0	2
1960	2	0	5
1961	32	0	29
1962	138	81	26
1963	124	82	34
1964	64	88	38
1965	69	90	42
1966	70	92	50
1967	83	88	62
1968	102	89	69
1969	113	95	78
1970	141	101	98
1971	171	94	113
1972	175	107	121
1973	185	105	146

1 Nursery Schools
Prior to formation of Welfare Homes Act, (1963) all pre-school services not defined as Day Care or Play School were classified as Nursery Schools. Later the Department of Education Kindergarten Program was implemented.

2 Play Schools
Program set up and controlled by Edmonton Parks and Recreation Department with a specific maximum of operation at one time.

3 Day Nurseries
Care and attention through the day. (Provincial Archives of Alberta, Accession No. 83.386 File 3 s.n., 1973)

Reports of child abuse and mismanagement of child welfare services in certain Alberta child care centres prompted a need for investigation of all aspects of the child care system in the province. In response to these allegations a position paper was circulated in 1976 by the Department of Social

Services and Community Health (A.S.S.C.H.) on "Proposals for Day Care Standards and Licensing" with a result that hundreds of briefs, letters and reports were received and reviewed. The Minister "set up a task force in 1977 to consider these responses and make a coherent proposal for day care regulations" (Bagley, 1986, p. 68). The Task Force in its report to the Minister of Social Services and Community Health strongly suggested that a day care unit be set up within the Department of Social Services and Community Health.

> We have no preference as to whether or not it should be a key branch or a unit with Preventive Social Services. Certainly, it should have close relationship with P.S.S. and should be headed by a Director of Day Care. The minimum standards we recommend will require the services of a provincial professional force. These consultants will provide assistance in the development of new programs and on-going program consultation, including in-service training. Large local jurisdictions, such as Calgary and Edmonton, may choose to provide their own consultants. It is important not only to have minimum standards, but also to monitor the situation and to identify those centres which do not meet the requirements. There must be a mechanism to enforce the standards and to impose sanctions when centres do not comply. The Office of the Director of Day Care must be given authority to enforce the minimum standards and when necessary to refuse or revoke licenses. (Report of the Day Care Task Force, to the Honourable W. Helen Hunley, 1977, pp. 6-7)

According to Bagley (1986), "As a result of the day care task force report, Alberta's first day care regulations were introduced in the Social Care Facilities Licensing Act of 1978" (p. 68).

In an effort to improve Alberta's child day care standards, a Provincial Day Care Advisory Committee was established in the fall of 1980, plus in addition to this, Operating Allowances were made obtainable for all licensed child day care centres, (both profit and non-profit), providing they adhered to the new regulations. The new regulations implemented in August, 1981, specified higher staff/child ratios, maximum group size and increased floor space per child.

Despite efforts taken to improve standards for child day care, several reports indicated that major problems were still unresolved in the child care industry. A report released from the office of the Ombudsman entitled, Crisis in Child Care, March, 1981, "reflected the problems systematic to a social service organization under seige during the economic boom in the province during the seventies" (Child Welfare in Alberta, A Progress Report, 1985, p. 6). In response to much of this discontent, in 1980, the government independently appointed Mr. Justice J.C. Cavanaugh to head an investigation of all areas of child care in Alberta. Three years later, 1983, Justice Cavanaugh released his report which outlined such areas as Day Care Subsidies; Operating Allowances; and Day Care Inspection as being critical areas for concern. The government has since legislated "many of the Commissions recommendations in the reform of child protective services," however the government has refused to take notice of such recommendations, as "higher standards should be enforced by more frequent and rigorous inspections" (Bagley, 1986, p. 116).

In 1987, The Honourable Connie Osterman, Minister of Social Services, introduced the new Day Care Programs Licensing Policy Manual. This manual provided for the "approved policy interpretations of the requirements of the Social Care Facilities Licensing Act and Day Care Regulations. (Message from the Minister, Day Care Licensing Manual, 1987, p. 1) The manual became effective November 1, 1987 and has had several revisions since it was implemented. These revisions are in the form of information bulletins which are referred to as, "bridging documents" or "interim policy guidelines" that are sent to day care centres throughout Alberta whenever policy changes are made. To date, eight bridging documents have been issued, the first was issued in October, 1990, and the most recent, number eight, was issued in February, 1992. These documents are also included in the Social Care Facilities Licensing Act, Day Care Regulations pamphlet (333/90).

The first information bulletin dealt with "Qualifying For Phase-in-of Operating Deductions and Phase-in of Staff Training Standards" and describes changes in policy guidelines. In this bulletin operators of day care centres were informed that operating allowance rates "will be gradually reduced to a flat $50.00 per month per child by July 1, 1994", and day care staff training qualifications, "will be introduced in steps concluding on September 1, 1995" (Day Care Programs Information Bulletin No. 1, 1990, p. 1).

Information Bulletin, No. 2 describes the policy for "Infant Licensed and Funded Spaces in Day Care Centres". The bulletin stated and emphasized that a control was to be placed on the growth of licensed infant space. According to the bulletin, it states:

> When the freeze on operating allowances was originally introduced in 1986, there was also a control placed on the growth of licensed infant spaces. This control of infant spaces, as well as the freeze on operating allowances was introduced as part of a review of policy and funding of Day Care Programs in the Province of Alberta. (Day Care Programs, 1990, p. 1.)

Information Bulletin, No. 3, contained "Highlights of the Revised Day Care Regulation, 1990. It notes that, "changes to the Regulation, reflects the introduction of the Alberta Day Care Reforms" (Day Care Program, 1990, p. 1). This interim policy guideline included 41 sections with numerous subsections and came into effect December 1, 1990. Basically this was a revision and reorganization of content, and an elimination of obsolete policies.

Day Care Bulletin, No. 4 basically was an update of day care staff qualifications.

Day Care Bulletin, No. 5, discussed "Standards For the New Drop-in Centre Licensing Category." For purposes of this study a Drop-in Centre licensed as a day care centre must comply with all the standards set for this license and may only care for a child for a maximum of 40 hours per month. The basic requirements of Drop-In Centres show concern for "the safety of children and the provision of age appropriate activities on a short term basis" (Day Care Program, 1990, p. 1).

Information Bulletin, No. 6, focuses on "Mixed Age Groups in Day Care Centres." No. I of this interim policy guideline stated:

> The decision to establish same age or mixed age groups should be determined by the needs of the individual child, the equipment and space provided, and the skill of available staff. Paramount consideration must be given to the developmental needs of the individual child when establishing mixed age groups. (Day Care Programs, 1991, p. 1)

More recent Bulletins, No. 7, released in July, 1991, titled "Day Care Staff Qualification Project," and No. 8 (1992, February) an update of the "Qualifications Project," basically answered questions commonly asked with regard to qualifications for those seeking employment or presently employed in day care facilities.

Prior to the issuance of the White Paper on Reforms to Alberta's Day Care Program, (1990, March) the Alberta Government issued a document entitled, "Caring and Responsibility, A Statement of Social Policy for Alberta" (1988). This document provided the groundwork for the funding reforms presented in the White Paper on day care.

Day Care Reforms in the White Paper, entitled "Meeting the Need", were introduced in March 1990. A synopsis of these proposed reforms, included those listed below:

1. Over a period of three years, Operating Allowance fund currently paid to day care operators will be significantly reduced.
2. The funds will be re-allocated to an expanded Child Care Subsidy Program and paid to day care operators on behalf of eligible lower income parents.
3. The four year freeze on new Operating Allowance Program funded spaces will be lifted as of September 1, 1990.
4. Qualification requirements for day care centre staff will be increased over a period of three years, commencing September 1, 1990.
5. The current required ratio of day care centre workers to infants (birth to 18 months) will be changed from one to three (1:3) to one to four (1:4) (p. 6)

Adjustments to the White Paper proposals came from added input gained through dialogue and participation of the general public. As a result of this interaction the provincial government released a finalized version of day care reform in a document titled, "Day Care Reforms, a fairer, better system for Albertans, (July, 1990).

The first proposal was written into the reforms document in July 1990, and expanded upon in the following manner;

> Over an extended implementation period, the majority of Operating Allowance funds are re-allocated to an expanded Child Care Subsidy Program and paid to day care operators on behalf of eligible parents. This begins November 1, 1990, and concludes July 1, 1994. At the completion of funding reform implementation, families with income up to $48,000 may be eligible for Child Care Subsidy, depending on family size, income, and age of children in care. (Alberta Day Care Reforms, a fairer, better system for Albertans, 1990, p. 5)

The second Reform with regard to the four year freeze on Operating Allowances for funded spaces was lifted on November 1, 1990, instead of on September 1, 1990 as originally proposed.

The third Reform with regard to qualifications for day care staff was changed to start on November 1, 1990 and to conclude on September 1, 1995. In order to give recognition to experienced directors, some "grandfathering clauses" were left intact.

The fourth Reform, regarding staff child ratios in day care centres was changed. Infants were now categorized as aged 0 - 12 months, while the staff/infant ratio remained the same, that of, 1 staff to 3 infants. Other new age groups and ratios were to be announced.

The fifth Reform included a new category, that of new licensing regulations for drop-in care centres. "Reduced requirements for this type of casual care will offset potential parent fee increases caused by reductions in Operating Allowances". (Day Care Reforms, a fairer, better system for Albertans, 1990, p. 5)

In conjunction with these reforms, two other Alberta Day Care documents were also produced by Family and Social Services. The first, Day Care Licensing Reforms, (1990) added more detail and verification on staff training, Staff:Child Ratios and Drop-In Centres while the second, Funding Reforms (1990) expanded on the essentials of Child Care Subsidies and Operating Allowances.

Growth and Development of Child Day Care Centres in Calgary

Child day care in Calgary did not occur in isolation, but rather, in conjunction with all the Acts, standards, regulations and other factors that contributed to the growth of day care in Alberta, in Canada and elsewhere.

> The province of Alberta Day Care Standards are encompassed within Standards for Institutions and Nurseries. Relevant Acts include the Welfare Homes Act and the Child Welfare Act. Little mention is actually made of day care within these Acts apart from under the category of "Neglected Children" (Report to the Community Services Committee of Calgary City Council, prepared by, Preventative Social Services, City of Calgary, 1974, May, p. 17).

Although these Acts are quite inappropriate to Calgary's present day care situation, they did have an impact on the early beginnings of child care in this city. In examining the initial child care measures taken, one must take into account the lifestyles of children that were being born and reared in Calgary during the early nineteen hundreds.

Civic relief departments were being set up to investigate, supervise and care for children who were destitute and often made wards of the city or the province. Shelters were used to provide a place for children; however, there were too few, and they were costly to operate, so it was impossible to accommodate the need. Other sources of accommodation were not plentiful, but they did include such homes as the Lacombe Home; Salvation Army Home and Rescue Home; School Homes; Mount View Home; Wood's Home; and the Social Services Home. Not all of these were located in Calgary, some were located within commuting distances of the city. In addition to these homes, private and foster homes were also used, as were hospitals and infirmaries, often for infants and sick children (City of Calgary Archives, Council Annual Report, Box 268, File #1879, 1924). Lacking these accommodations, children were often placed back in their own homes, only to return to the unsatisfactory situation from which they had originally come.

Charitable organizations, private groups and church associations were often instrumental in providing assistance in a number of various ways. Of no less importance than these was the volunteer organization of the Children's Aid Society of Calgary which operated the Children's Shelters. The Society played a valuable role in protecting and caring for great numbers of children who had been neglected and who were destitute. The aims of this society, as described in the Calgary Council Annual Report (1924) states that, the Children's Aid Society is a "legally constituted organization of caring for and protecting the unfortunate children of the community in accordance with the principles and spirit of the Children's Protection Act of Alberta, passed in the year 1909" (City of Calgary Archives, Box 260, File #1831, 1914, p. 1).

It was within the framework of poverty, neglect and delinquency that the Children's Aid Society made many contributions towards instilling improved values and conditions to many youth in Calgary. The third annual report of the Children's Aid Society of Calgary reveals that in 1914 the Old Maternity Hospital had been serving as a shelter for children since 1909. Although extra beds had been brought in, the establishment was completely overcrowded and was unable to serve the needs of the number of children requiring accommodation. (City of Calgary Archives, Council Annual Reports, Box 260, file #1831, 1914, p. 19).

It was during the year of 1914 that a new shelter was being completed; it was to be located on 10 acres of land at Harvetta Heights and donations of beds, clothing and toys, plus other commodities were being welcomed.

The Report of Child Welfare Work, 1914, states that 1,356 visits were made in the homes of children under one year of age. There were 292 deaths of children under the age of one year; of these 161 died within the first two weeks of life. Some births, as well as deaths were not registered at that time, and a large number of deaths were attributed to insufficient and improper nourishment. Many cases were referred to the Associated Charities and various church organizations (City of Calgary Archives, Council Annual Reports, 1914).

Maude Riley joined the Children's Aid Society in 1913. At that time the Society was a volunteer organization that operated the Children's Shelter in Calgary. When Mrs. Riley became the first vice-president in 1920 she led a campaign to expel the president who was alleged to have mismanaged the budget. Following his resignation shortly thereafter, Mrs. Riley became acting president of the City Aid Society and convinced the city to take over the management of the Children's Shelter.

> In September, 1918, representatives of the Children's Aid Society, City Health Department, Local Council of Women, Playgrounds Association and various Mothers' Clubs decided to coordinate the work they were doing and formed the Calgary Child Welfare Committee. Dr. C.S. Mahood who headed the city's department of health was elected its president and Maude Riley the secretary. The aim of the committee was to improve the physical, mental, moral and spiritual development of the child. (Foran & Jameson, 1987, p. 214)

The Children's Aid Department Report for 1924 states that the children were transferred from the shelter at Harvetta Heights to 312 Mount Pleasant Boulevard during this year Although capacity-wise the number of children was reduced, it was more "convenient and comfortable" for those involved. There had been 1,860 visits and investigations recorded in 1924 (City of Calgary Archives, Council Annual Reports, Box 268, file #1879, 1924).

A statistical summary of the year's activities at the Shelter included:

Average monthly attendance	14
Children in Shelter January 1, 1924	22
Children admitted during the year	66
Children in shelter placed in foster homes	23
Children returned to parents	18
Children placed out to work	26
Children sent to other institutions	6
Children sent to hospital	1
Children died	1
Children placed in foster homes and Salvation Army Rescue home and private homes through this department	24

(Calgary of Calgary Archives, Council Annual Reports, 1924, Box 268, file #1879)

The Children's Aid Report for October, 1926 noted that there was an unusually high rate of delinquency among children in Calgary during the month of October. The causes and ages of children were not disclosed; however, they did suggest that the home environment was worth closer surveillance. Under the title of disposition of children discharged from the shelter, it was noted that three children were placed in School Homes; one was sent to Lacombe Home and that six were returned to their parents. One baby from the Salvation Army Home was adopted through the Children's Aid Department (City of Calgary Archives, Council Annual Reports, Box 270, 1926 file #1888).

The ages of neglected children for October 31, 1926 were; one year of age, three, four, six, 10, 11 and 13 years respectively. There was one child in each of these age groups. One child was relocated to a foster home after being referred to the Children's Aid Department under the Statutory Declaration. Of the eight children who were made wards of the city that month; one was placed in a school home; one was being assessed; six were temporarily returned to their mothers, while school homes were being sought for two of these boys (City of Calgary Archives, Council Annual Reports, Box 270, file #1888, 1926).

In describing the Shelter in the Annual Report for the year 1928, the Children's Aid Department stated:

> The building now rented by the City provides a temporary Home for the City and Provincial Wards. We can accommodate about 20 children and the staff which comprises of the Matron and two assistants. The Wards are children who have been deserted, neglected, or whose parents are declared unfit to have charge of them. Eventually these children are placed in foster homes and adopted. (City of Calgary Archives, Council Annual Reports, Box 272, file #1898, March 16, 1929)

It was during the 1920's that the Wood's Christian Home for neglected children was been established in Calgary. The Reverend George Wood,a native of Scotland, gained experience and first hand knowledge of the problems that beset homeless children through his years of being on staff at the Quarrier's Orphan Homes at Bridge of Weir in Scotland. In 1915, Reverend and Mrs. Wood began caring for children in their home at Innisfail, Alberta. The Wood's Christian Home began with the children of a soldier, whose wife had recently died, and who was about to be shipped overseas with nobody to care for his family. In 1918 Mr. and Mrs. Wood moved to Olds and in

November, 1926 with no money, the Woods transferred 32 children in their care and moved to the Seventh Day Adventist premises in the Bowness district of Calgary where the Wood's Christian Home remains to the present time. Although Mr. Wood died in 1932, the home has survived and expanded due to donations from various organizations and private citizens.

Meanwhile, in Calgary, the entire state of child welfare was in need of improvement. Newspaper captions such as "Children Starving in the Midst of Plenty" (The Albertan, October 12, 1926) and "Alberta Far Below Child Welfare Standard; Council Urges Action" (The Albertan, January 28, 1927); were followed by protests of child neglect, by the Calgary Council on Child Welfare. In this respect, nobody proved to be more involved with children's issues nor more instrumental in promoting the welfare of children in Calgary than Mrs. Harold (Maude) Riley. Maude Riley remained president of the Calgary Welfare Association from 1923 until the time of her death in 1962. The Association went through several name changes as more organizations became affiliated with it. In 1925 the Association became known as The Calgary Council on Child Welfare; in 1928, The Calgary Council and Family Welfare, and in 1936, The Alberta Council on Child and Family Welfare.

Maude Riley was the founder and editor of the Child Welfare Booklet published annually in conjunction with the Child Welfare Week which she spearheaded in Calgary. The following is just one example of the public acclaim bestowed upon the efforts of the Calgary Council.

> More than one contributor to the booklet sends congratulations to the council on winning for the city of Calgary, the British Empire Shield in the National Baby Week Competition, the knowledge of the award having come to the council directly from the Prime Minister... (The Albertan, April 17, 1935).

The object of the Baby Week Campaign was to promote the highest ideals for parenthood as well as for the well-being of infants and little children. Much credit for receiving the British Empire Shield for Calgary in 1935, went directly to Maude Riley, president of the Calgary Council and Family Welfare.

In 1946, the city purchased the Maude Riley Home and it became both a receiving home and a creche until after Maude Riley's death (1962) when it was destroyed shortly thereafter.

The Maude Riley Home was both a receiving home and creche for neglected and destitute children. The number of children in care increased from 195 to 243 during the year of 1953 to 1954. The focus of this home was "child centred" and attempts were made to deal with the emotional aspects of the individual, as well as the physical needs. The home has benefitted by the interest and help of many organizations, among which are Service Clubs, Sororities, Churches, Women's Groups plus private individuals. (Council Annual Report, 1954, p. 3)

Another noteworthy home for abandoned children evolved through the efforts of a few devoted women of the Catholic Women's League. In 1943 the Providence Creche was established at 418 - 20 Ave. N.W. Calgary, the home of a nurse, who became the first matron. "The Creche" began with no money and five infants to care for. One year later, in 1944, Bishop Francis P. Carroll approached the Sisters of Charity of Providence to open a creche for homeless children in the city of Calgary. A 10 room house on 18th Ave. and Centre St. S.W. was secured for this purpose and later two small bungalows were added where almost 60 babies were housed. The creche cared for children from birth to six years and a limited number of unmarried mothers. Due to the overcrowded conditions the need for expansion was becoming urgent. However, this could not be realized until 1956, when the building at 18th Ave. and Centre St. S.W. was sold and a new site of over 40 lots was purchased at 4th St. and 50 Ave. S.W. Calgary. The Providence Creche, by this time (1957), had cared for almost 2,000 children. A day care centre was not established at the Providence Child Development Centre, as it became known, until the mid 1960's.

In February, 1967, the day care committee of the Social Planning Council of Calgary presented their Preliminary Report of a Day Care Study outlining the present pattern of Day Care in Calgary.

The summary of this report acknowledges that:

> Calgary currently has space in licensed day nurseries for only about one child in every ten whose mothers are employed. Unlicensed facilities appear to be common. Experience suggests that, when a good quality

> service is not available, mothers will make makeshift arrangements. (Preliminary Report, Day Care Study, 1967, p. 3)

Further to this, the report suggested that the most deprived areas for day care were in the northeastern and southeastern sectors plus the area of Bowness-Montgomery. Consequently, travel distance and time became a crucial factor, often requiring small children to spend up to two hours a day on a bus. Daytime accommodation in licensed centres for infants and those under two years, was virtually non-existent.

At the time (1967), licensing regulations of child care facilities required no special criteria for ensuring quality care of children outside of the home. Areas of educational qualifications, program designations, and staff-child ratios presented major inadequacies when compared to standards set by the Child Welfare League of America.

The Preliminary Report, Day Care Study in Calgary (1967) indicates the shortage of day care centres in the city at this time. Table 1 of this report shows the number of pre-school aged children of employed mothers totalled 6,886 (p. 5). Of these children, 750 were under the age of one, however, there were over 1,000 pre-school children in each age group from 1 to 5 (p. 5).

> Supplementary child care is available in Calgary through 25 licensed, commercially operated day care centres and one licensed community service day nursery. Combined, these nurseries have licensed

> space for about 732 children - or about eight percent of the estimated number of pre-schoolers whose mothers work. Family homes which may care for up to three children without need for a license, are also available - the number of these are unknown. (Preliminary Report, Day Care Study, 1967, p. 6)

Table 2 of the 1967 report showed, by geographic area of the city, the number of nursery spaces and pre-school aged children whose mothers were employed. In that year the number of available licensed nursery school spaces were: Downtown area, 25; Southeast, 22; South Central, 69; Calgary South, 132; Southwest, 141; Calgary West, 138; North Central, 40; North Hill, 128; Bowness-Montgomery, 37; while the Northeast did not have any (Preliminary Report, Day Care Study, 1967, p. 9).

Again, because of the insufficient number of spaces, the inequitable distribution of day care facilities, and the immediacy of need, parents were often compelled to have their children travel long distances, or compelled to put their child in less than satisfactory day care situations and/or in unlicensed premises.

> Under the regulations of the Child Welfare Act requirements for licensing outline certain standards for day care; these are minimal standards focusing primarily on physical accommodation and health conditions in day care centres. Virtually nothing in the licensing requirements makes mandatory the provisions of quality of child care in accordance with children's individual needs for personal and social development. (Preliminary Report, Day Care Study, 1967, p. 12)

No doubt many day care facilities in Calgary did exceed the minimum standards set; however, by the same criteria, many did not. This unknown factor strongly prevailed, especially when one considers the unknown number of unlicensed premises and the lack of any standards required for programs or education and training of employees.

> There is, basically, no difference between Alberta regulations covering physical standards and the goals of the Child Welfare League. However, it should be noted that in Calgary, day care operators - particularly those developing a centre - are subjected to a bewildering array of regulations, from many sources. These include both health inspection, welfare inspection, building inspection, and the like. In some cases existing regulations may conflict with one another. A coordinated system of inspection of day nurseries and consultative assistance in developing such centres appears warranted. (Preliminary Report, Day Care Study, 1967, p. 13)

In June of 1967, the Day Care Study Committee, of the Social Planning Council of Calgary released its paper on Day Care Needs is Calgary. The Day Care Study Committee was composed of two subcommittees; the Standards Subcommittee and the Education Subcommittee, together, these combined committees, made recommendations for future day care in Calgary.

> Concerned by informed reports from working mothers, and from social and health agencies about lacks in day care in Calgary, the Social Planning Council undertook a community-wide inquiry into the day care situation. Financed under Preventative Social Services of the City, the study aimed at a comprehensive assessment of day care needs, including

> various types of care required for both pre-schoolers and young school-aged children, appropriate locations for resources and standards of care that should be provided. (Day Care Needs in Calgary, 1967, p. 7)

A summary of some of the statistical findings indicates that there were almost 9,000 pre-school aged children in Calgary whose mothers worked. This was an increase of over 2,000 from the Preliminary Report presented in February, 1967. The licensed day care nursery spaces remained the same, at 132. The number of unlicensed family homes was still undetermined; however, under government regulations any home could now increase the number of children in care, from three to four without requiring a license or meeting minimum regulations (Day Care Needs in Calgary, 1967, p. 3).

From the sample of employed mothers, statistics show the following;

> 48 percent of children are cared for in their own home, 36 percent of children are cared for outside own home, 10 percent of children receive no special care, and the remainder accompany their parents, board out, etc. (Day Care Needs in Calgary, 1967, p. 2)

It is also significant to note from this report that most mothers, (90%) preferred care of their children to be in proximity to their home. A higher percentage (79%) of the mothers responded favourably to the concept of day care, while only 63% were in favour of family day homes. (Day Care Needs in Calgary, 1967, p. 2).

The basic needs for child day care in Calgary as determined by the study were, "additional day care resources"; "resources of higher quality"; and "appropriate subsidization of day care" (Day Care Needs in Calgary, 1967, p. 3). Recommendations were made for a Model Day Care Service in Calgary, using the standards of the Child Welfare League of America.

The city of Calgary has direct input to day care services through the Family Day Home Program and the Shaganappi, Bridgeland and Connaught Day Care Centres. These three municipal day care centres are located in neighbourhoods of Calgary where users of day care services had higher rates of social assistance, there are more single parent families, and there are more families who incomes are below the poverty line.

The Social Services Department in the city of Calgary became involved with providing day care to preschool children when Shaganappi Day Care Centre was opened in 1969. This facility is housed in the midst of a low cost housing complex and "utilizes a family grouping concept in a learning through play environment designed to meet individual developmental needs through child initiated activities" (Commissioner's Report to Community Services Committee, 1990, p. 2). Special needs children are also integrated into this program.

The Bridgeland Day Care Centre was established in 1973 and housed in a development project operated by Calgary Housing Authority, with the majority of the tenants being single parent families. Day care children frequently visit seniors at the Bow Valley Lodge (Commissioner's Report to Community Services Committee, 1990, p. 3).

The third municipally operated day care centre for children was established in 1978 and located in St. Stephen Anglican Church. This day care centre, named Connaught for the area that it represents, evolved due to the 1973 Social Services report entitled Priority Areas for Development of Subsidized Group Day Care in Calgary which distinguished that location as a high needs area. Connaught Day Care also services a higher percentage of non-English speaking families (Commissioner's Report to Community Services Committee, 1990, p. 3).

On March 3, 1971, Providence Day Care Centre presented a brief titled Submissions to the Social Services Committee City of Calgary to the Sub-Committee on Day Care. The general focus of this brief was in regard to the health and safety of children in day care outside the home. With regard to the staff personnel, the Providence Day Care Centre in its brief recommended "good physical and mental health", yearly chest x-rays,"basic knowledge of first aid" and the availability of such resources. The director should have "training in early childhood education", knowledge of "child development' and sufficient capabilities in administering a well rounded program. All staff should have "professional training in the area of early childhood education and/or development" (Provincial Archives of Alberta, Accession No. 83.386, file 2, p. 3).

A Report to the Community Service Committee of Calgary City Council, prepared by Eric Haffenden, Day Care Consultant of the Social Services Department, presented an overall view of the child day care situation in Calgary for May, 1974. Three types of sponsorship under which day care centres were operating in the city at that time were:

(a) Municipal or Public. This category involved those programs sponsored by the City of Calgary, and included Bridgeland and Shaganappi Day Care Centres.

(b) Community or Private. This category included those projects operated by non-profit registered societies. The sponsorship included centres run by community organizations either as part of an overall service or as community-based society operating explicitly as a day care program. Private societies formed by employees to set up day care centres included those of business, industry and government employees.

(c) Commercial. These day care centres all considered profit making, do not have parent participation in policy making and are "not eligible for subsidization under the Preventative Social Services Act in the way the two former systems are eligible" (1974, p. 2).

The Haffenden Report showed that provincial standards did not stipulate any maximum numbers or ages of children per group, nor were any provincial child-staff ratios in effect in

May, 1974. At this time the city of Calgary had set a maximum number of children ranging from 15 to 25 children for each group, with the maximum number of children being 100 per centre. The child-staff ratio for Calgary day care centres was also shown to be higher than the provincial ratio set at that time (1974, p. 7). Unlike the Provincial standards, where unannounced day care inspections were expected, the city of Calgary permitted prior notice to be given before the day care inspection took place.

The recommendation for establishing and maintaining day care programs in Calgary, an extract from the Report on Community Services, Clause 43 in Day Care Policy and Guidelines with amendments up to an including August 25, 1975, states the main two characteristics of staff qualifications are, personal suitability to be accepted by pre-school children and knowledge of early childhood development. The only limitations noted was that no person under the age of legal majority (i.e., 18 years old) shall be in primary charge of the children (1975, p. 14).

In addition to coping with rapid expansion in the child day care industry in Calgary during 1980, the social service department of this city was experiencing overt pressure to combat the ills of society within the entire field of child welfare. An in-depth examination of the role of child protection workers and the department of social services as a whole, probably was precipitated to some degree by the controversy that followed the Miranda Phipps case in Calgary

(1980). The daughter of a prostitute, three year old Miranda Phipps, was beaten to death seven months after she had been returned to her mother by the child welfare branch of the Social Services Department in Calgary.

Critics of the Social Services Department including Alberta Association of Social Workers' president, Gayle James, claimed that Miranda's death was "just the tip of the iceberg" and attributed many of the child welfare problems to an imperfect system that was geared to camouflage the lives of several thousand Alberta children and their parents.

> At the front lines of Alberta's child protection system are overworked, beleaguered social workers, many of them short on training and experience.
> At the other end of the line are family court judges whose work is law, literally, whose judgements are only as good as what they're told.
> In between is an endless succession of frightened children and angry adults tiptoeing along what child welfare director Dean Melsness calls the "tightrope between the rights of the parents and the rights of the child" (Calgary Herald, 1980, May 5, p. A.12).

Lack of accountability in a poorly designed system, operating with a rootless, expanding urban population has contributed to the social ills encountered by the child welfare systems in Calgary. Gayle James states that, "there can't be real accountability in child welfare - or other social service fields - until workers are elevated to the status of professionals" (Calgary Herald, 1980, May 5, p. A12). Professional status is not always easily attained. Despite the fact that a number of child welfare workers and child caregivers do possess adequate qualifications in background education, relevant experience and appropriate skills in their chosen fields, they have not attained professional status in these perspective professions.

A dilemma exists when applying the principles of learning to education of child day care workers in Alberta. The Private Day Care Society of Alberta maintain that colleges such as Mount Royal in Calgary do not properly prepare their graduates for success in the field of child care. Jacquie Kallal, president of the Private Day Care Society which represents over 100 private day care centres in Alberta, maintains that child care college graduates lack "things like learning how to love and cuddle children..." and adds that colleges are "long on theory and short on practical experience" (Calgary Herald, 1980. May 12, p. B1). The Private Day Care Society also opposes "government regulations that force them to hire certificate holders to fill 50 percent of staffing requirements" (Calgary Herald, 1980, May 12 p. B1).

Billie Shepherd, field supervisor for the day care program at Mount Royal College, is supported by her students when she claims that the Private Day Care Society would have difficulty teaching child care development, since the educational needs of child care workers goes far beyond that of simply loving and mothering a child. Some students from Mount Royal College believe that private day care operators often expect them to waste too much time doing janitorial or custodial duties rather than dedicating their time to the job that they have been trained for, which is, to effectively care for the children at the day care centre.

Another concern that private day care operators in Calgary were faced with in 1980 was the prospect of Kinder-Care, the largest day care chain in North America, establishing day care centres in Calgary. Caroline Kielbauch, president of the Day Care Association of Alberta which represents the interests of private day care centres in the province, states that, "A chain would take away the personal touch of each community centre" (Calgary Herald, 1980, August 21, p. B2). In addition, Kielbauch also expressed a concern that Kinder-Care centres may cut into the profits of other Calgary day care centres who were less able to compete with the elaborate Kinder-Care set-ups. Kielbauch suggested that the centre spaces currently serving the 3500 Calgary children were not filled to capacity at present (1980), and that these centres deserved a priority rating in serving the day care needs for the children in Calgary. Kinder-Care was influenced in their decision to expand their day care chain to Alberta rather than British Columbia because of cheaper start-up costs and less stringent day care standards in Alberta.

In response to municipal controversy over improving standards for community-based day care centres (1980, September), Bob Bogle, Minister of Social Services, introduced new standards for day care in Alberta; these were to be placed in and implemented by August 1. 1982. The new standards included, "higher staff child ratios, maximum group sizes for different age groups, greater requirements for indoor space and a ban on corporal punishment" (Calgary Herald, 1980, September 5, p. B1). The proposed standards appeared to present another form of contention for private operators of child day care centres who provided most of the day care spaces in Alberta; they vehemently disagreed with such standards, maintaining that "the former standards were good enough" (Calgary Herald, 1980, September 5, p. B1).

The year, 1981, was marked by many changes for the Social Services Department in Calgary. Program and service evaluations were undertaken for many agencies that were funded under the Family and Community Support Service Division (F.C.S.S.).

A detailed self-study was initiated by the Calgary Social Services Department with the view of applying for a membership, and possible future accreditation, with the Child Welfare League of America (C.W.L.A.). The C.W.L.A. became a "standard setting federation of 400 leading child welfare agencies in the United States and Canada" (City of Calgary Archives, Annual Reports, 1981, file 2, p. 1).

In 1982, Calgary was in the midst of the worst economic conditions it had endured for many years; consequently, the need for social services was skyrocketing in every area of the city. The number of day care spaces increased as a result of vacancies, presumably due to the high rate of unemployment, which in turn, had a ripple effect on the increased parental care given children in the home. The Department of Social Services initiated a self-study in which all standards and services were examined. The Annual Report for this study stated, "Standards and services to citizens of Calgary were rigorously examined with a view to ensuring that high quality, professional social services are available to all Calgarians" (City of Calgary Archives, Annual Reports, 1982, file L-2, p. 1). The study concluded as a "seventeen volume report submitted to the Council on Accreditation of Services for Families and Children in October, 1982" (City of Calgary Archives, Annual Reports, 1982, file L-2, p. 1).

The council which examined the agency standards of services for families and children was sponsored by The Child Welfare League of America, The Association of Jewish Family and Children's Agencies, The Family Service Association of America, The National Conference of Catholic Charities and the Lutheran Social System (City of Calgary Archives, Annual Reports, 1982, file L-2). Accreditation was granted in the Child Welfare League of America in 1984.

In spite of the Private Day Care Society's apparent satisfaction with the upgrading and control of child day care standards in Alberta, such standards have remained a contentious issue for critics of Calgary's child day care system. In November, 1985, some experts accused Provincial Social Services Minister, Neil Webber, of reneging on governmental promises to upgrade the day care industry in the province of Alberta. On November 18, 1985 some critics stated:

> - There's little accountability for huge government grants some day cares receive, expected to reach $55 - million next year.
> - Parents are deceived by the present licensing system, which guarantees only minimal standards of care for the 7,500 pre-school age children attending 158 day-care centres in Calgary.
> - Alberta is the only province which has no requirements for any staff training.
> - Enforcement of maximum group sizes in day cares is lacking.
> - Many staff are paid only minimum wages.
> - Commercial centres can't always reconcile maximizing profits with providing quality care for young children. (Calgary Herald, 1985, November 18, p. A1 & A6)

Dr. Bagley blames "lack of compulsory training, a weak inspection system and failure to enforce group size limits" for the lack of quality in many day care systems (Calgary Herald, 1985, November 18, p. A1).

By the end of 1985, there were only four day care inspectors for Calgary, or an average of one inspector for approximately 40 day care centres. Day care consultant positions were eliminated in the Calgary area, and these responsibilities were also added to the inspectors workload. Throughout all this, Neil Webber, the Minister of Social Services (1985) had been of the opinion that "community college training is not necessary" and that "day care is not intended to be an education system, but a custodial one" (Calgary Herald, 1985, Nov. 18, p. A6).

There have been some disturbing reports with regards to certain activities practiced in some day care centres in Calgary. In November 1985, Robert Walker, a Calgary Herald Staff writer, looked at some of these issues in child day care in Calgary. In this three part series on day care facilities, many disturbing shortcomings were revealed. Some of the findings, based on interviews with child day care workers at one north-west, 80 spaced, facility included:

- Children punished by locking them in a washroom or small store room...
- No fire drill for seven months despite a legal requirement for monthly drills.
- Toddlers threatened, but not hit, with a broom handle.
- Only one member of the staff with any training.
- Meat from a broken freezer served to children after rancid pieces cut off.
- A friend of the owner lying to an inspector that she was on staff to help the centre meet minimum legal staff-child ratios.
- Toddlers not having the same beds each day despite an inspector requiring it.
- One staff member left alone to care for 23 kids aged two to five while the rest of the staff took a smoke break.
- Some children's home telephone numbers and addresses not listed in the register for emergencies.
- Children screamed at for bed wetting.
- Children sometimes forced, using threats, to be on their beds from 11:45 a.m. to 2:30 p.m. (Calgary Herald, 1985, Nov. 18, p. A6)

Staff at that centre were reluctant to reveal their names for fear of losing their jobs. Connie Biden, former program supervisor at the University Day Care Centre in Calgary, later visited the above day care centre on the pretence of registering her child in that centre. In her 20 minutes tour she noted the following:

> - Babies crying without being comforted.
> - Children racing around out of control and out of sight of staff.
> - Repeated accounts of children being bitten by other children.
> - Disinfectant bottles within reach of children.
> - Staff estimates on how many children they are supervising ranging from 27 to 43. Biden says it is essential to know child numbers each day in case of emergency.
> - Filthy rugs and carpets and a dirty bathroom floor.
>
> Like many day care centres in Calgary, this one had a letter from David Carter, M.L.A. posted by the front entrance. Carter, chairman of the Alberta Social Care Facilities Review Committee, says, after a recent visit to the centre by the committee, "we felt you had a good philosophy of day care and have noted that you are making every effort to put this into practice." (Calgary Herald, 1985, Nov. 18, p. A6)

In a Report of Research Sponsored by the Burns Fund for Children, 1981 to 1984 in Children in Calgary: The State of Welfare, Dr. Chris Bagley states:

> Quality day care should involve staff with at least a two-year diploma, who are paid a professional wage; a consistently high staff-child ratio; a high standard of equipment and programs; input from parents on the daycare board; and flexible attention to children's individual needs. Few day cares in Calgary can meet such standards. In the past four years no non-profit, quality centre has opened in the city; but at least a dozen profit making, low quality centres have opened in this period. (1985, p. 17)

The first time that both the provincial appeal process and the provincial courts were effective in closing a day care centre in Calgary was in 1987. The Devon Day Care Centre, managed by Rose and Christopher Mudge in south-west Calgary, had been given three formal reprimands after children ran out of the day care unattended and unsupervised. In addition to this, Devon Day Care was also given a three-month conditional license because of concerns for regulations that were not being met. The extreme patience of the Social Care Facilities Licensing Department was demonstrated further when they granted yet another month license extension, considering the fact that in the past, Devon Day Care had continually failed to rectify any of its shortcomings. Finally in March, 1987 the province's licensing department for Social Care Facilities refused to renew the day care license for Devon Day Care; Mudge was charged with violating the Alberta Social Care Facilities Licensing Act and following several appeals, Devon Day Care was permanently closed.

Unionization has never been a strong feature of child day care workers and Calgary's child day care members are no exception. In 1989 the Canadian Union of Public Employees (C.U.P.E.) Local 38 first successful attempt to unionize private day care centres soon met with failure as they were ousted from two downtown Children's Creative Learning Centres. At the beginning of 1990, 10 of the Lynnwood Child Care employees voted for union representation in an effort to attain sick leave and salary increases. A union spokesman stated that "salaries ranged from $4.50 an hour (minimum wage) to one employee earning $7.00 per hour. The real issue is that (management) does not want a collective agreement" (Calgary Herald, 1990, January 20, p. B3).

Since the first workplace day care centre opened in Alberta at the University Hospital at Edmonton in 1965, other provincial on-site child day care centres have gradually appeared in the workplace. By 1990 Calgary had already opened on-site day care centres at the Calgary Herald, the Municipal Building and the Bethany Care Centre and were making plans to open further centres at the Holy Cross Hospital and the Bow Valley Centre of the Calgary General Hospital by the fall of 1991.

The quality of child day care has remained a controversial issue throughout the age of day care in Calgary. For many, this skepticism began to culminate in furore during the fall of 1991 when Ilona Boyce, regional manager of Family Support Services with the Calgary Day Care System, was dismissed from her key position for rigidly adhering to government policy and procedure.

> Government staff and child-care advocates say Boyce directed staff to enforce strict implementation of new day-care regulations, particularly staff-child ratios; was instrumental in recouping more than $300,000 in government grants from 22 day care operators obtained through fraud or bookkeeping errors; and directed staff to obtain evidence subsequently handed over to city police for investigation of possible fraud charges against four city day cares. (Calgary Herald, 1991, Oct. 9, p. A2)

Meanwhile, John Samaska, president of the Day Care Society of Alberta, which represents a large number of commercial day care centres in Calgary was actively lobbying Family and Social Service Minister, Oldring to relax day care regulations. According to the Calgary Herald, "Samaska said the society - some of whose members run chains of more than a dozen Calgary day cares - have made it clear to Oldring it doesn't want so much government intervention in commercial operations" (1991, Oct. 9, p. A2).

Family and Social Services Minister John Oldring has not removed the shroud of secrecy that surrounds day care for children. Early in 1991 Corrina Cook filed a complaint with Alberta Social Services about unexplained bruises on her baby's forearms, but months later Cook still had not been told anything about the investigation. "In interviews with parents, the Herald has discovered that Social Services has received a number of complaints about child-staff ratios, insufficient food and aggressive day-care workers" (Calgary Herald, Oct. 19, p. A2) with some horrendous specific incidents revealed. In spite of these allegations and investigations, Oldring states that "infractions of rules and regulations remain confidential" (Calgary Herald, 1991, Oct. 19, p. D2).

"In 1989, the licensing department took action against Calgary day-care centres in 190 cases. In 1990 that rose to 215 actions and this year to 238" (Calgary Herald, 1991, Oct. 19, p. D2). What is most disconcerting in this regard is that the general public, and more importantly, the parents of children in care, have no rights to access any of this information.

Preparation Day Care Staff

The degree of formal education and professional training that day care staff possess is often reflected in standards of the program and effectiveness of the daily operations of the day care centre. Since there is little consistency in provincial day care standards across Canada, there is little uniformity in the professional background that day care employees must have. Until November 1, 1990, there were no provincial educational requirements for day care centre caregivers in Alberta.

In January, 1983, the Day Care Society of Alberta suggested a training program for caregivers. According to the policies of the Society, the terms for admission were:

> 1. A student must be 18 years of age.
> 2. It is recommended that a student be employed in a Day Care Centre.
> 3. Where employment is not possible, a student must agree to volunteer in a child care setting a minimum of 10 hours each week.
> 4. Practicum may also be carried out in a home situation where three or more children are receiving care (Day Care Society of Alberta, 1983, p. 3).

Prior to 1983, day care centre administrators or owners were responsible for providing training to staff at their centres; curriculums and methods of training were devised by various factions of society that were interested in promoting their standards for child day care workers. Although day care training policies were recognized by society and governing provincial agencies, they were not legally enforced by the government. It is unknown how many day care employees actually were enroled or completed such training.

Until the White Paper on Reforms to Alberta's Day Care Programs was released in March, 1990, by Alberta Family and Social Services, which introduced staff training requirements, Alberta and New Brunswick were the only provinces in Canada that did not require any "special training for day care centre staff" (p. 36).

Training according to the White Paper of Reforms was to be phased into existing licensed centres over a five year period, 1990 - 1995, for child care workers and directors as follows:

> Day Care Workers
> Effective Sept.1, 1991 one in six day care workers in each centre will be required to have training in early childhood development or early childhood education which is at least equivalent to a one year certificate offered by Alberta's community colleges. Effective Sept. 1, 1992, the ratio will increase to one in five day care workers. Effective Sept. 1, 1993, the ratio will further increase to one in four day care workers. All day care workers excluding those who have met the minimum standard will be required to have taken a mandatory 50 hour Orientation Course or provide evidence of equivalent course work. (White Paper on Reforms to Alberta's Day Care Programs, 1990, p. 24).
>
> Day Care Centre Directors
> Effective Sept. 1, 1993, all directors will be required to have training in early childhood development or early childhood education which is at least equivalent to a two year diploma offered by

> Alberta's community colleges. (White Paper on Reforms in Alberta's Day Care Programs, 1990. p. 24).
>
> E.C.E. Certification (Early Childhood Education) of child care workers and directors refers to "the process that has been developed by Alberta Family and Social Services to assess the training of day care centre staff according to the standards established in the Day Care Regulations (Certification Guide for Day Care Centre Staff, Revised 1991, p. 9).

The certification Guide for Day Care Centres evolved as a result of the Alberta Government introducing staff training requirements to enhance the degree of care that children received in day care centres.

Fundamental fields of knowledge essential to training day care staff in Alberta public colleges included the areas of "child development, programming, relationships, practicum, and related courses" (Certification Guide for Day Care Centre Staff, Revised 1991, p. 9).

Three levels of certification for day care centre caregivers are outlined in the Certification Guide. They are:

> Level 1 - Orientation Qualification Certificate
> day care centre staff who have completed the Orientation Course or equivalent course work as approved by the Alberta Family and Social Services
>
> Level 2 - Basic Qualification Certificate
> day care centre staff who have completed training which is at least equivalent to a one-year E.C.E. certificate offered by Alberta's public colleges
>
> Level 3 - Advanced Qualifications Certificate
> day care centre staff who have completed training which is at least equivalent to a two-year E.C.E. diploma offered by Alberta's public colleges; and to current program directors who have five years experience in that position or its equivalent by December 1, 1990, and who obtain training equivalent

> to a one-year E.C.E. certificate offered by Alberta's public colleges, by Sept. 1, 1993 (Revised 1991, p. 10)

There are a number of post secondary institutions in Alberta that offer the one year E.C.E. certificate program. These institutions include Alberta Vocational College, Lac La Biche; Keyano College, Fort McMurray; Lakeland College, Vermilion; and Lethbridge Community College, Lethbridge. The latter public college also offers a distance delivery course in early childhood education. One year certificate in early childhood education, plus a two year diploma course in early childhood education, are offered by Medicine Hat College, Medicine Hat; Mount Royal College, Calgary; and Red Deer College, Red Deer. Grant MacEwan Community College, Edmonton, and Grande Prairie Regional College, Grande Prairie both offer two year diploma courses in early childhood education (Certification Guide for Day Care Centre Staff, revised 1991). In Calgary the 50 hour orientation qualification certificate for level one certification is presently offered (1993) at the Vocational and Rehabilitation Research Institute.

Key Regulations and Policies as outlined in the Licensing Policy Manual of Alberta (1987)

It is the intention of this section to offer further interpretation of the significant regulations, policies and terms outlined in the most recent Day Care Licensing Manual of Alberta (1987). All definitions and meanings have been extracted from this manual and are used in that context.

DL refers to the pagination system used in the manual; this proceeds the designation numbers of either 01 or 02. The number 01 refers to the Social Care Facilities Licensing Act, while the 02 number pertains to the Day Care Regulations. Further designation of numbers are completed in double digit numerical order.

(a) Inspection

Inspectors possess the authority for entry to inspect social care facilities for the "purpose of ensuring compliance" with the Social Care Facilities Licensing Act and Day Care Regulations (DL-01-06-01). Licensing officers may inspect the premises of a day care facility during normal day operations and do not require a written statement of authorization to fulfill such duties. Any records or materials may be taken and photographed, however, the operator must be given a receipt for all materials that are being confiscated, and all articles are to be returned on the following day of operation (DL-01-05-01). Should there be a refusal of entry, or any type of intervention by the owner or operator of the facility, the licensing officer may apply for a court order to obtain entry into the premises without notification and without the owners or operators consent (DL-01-06-02).

(b) Enforcement

Grounds for enforcement action must be established prior to further measures being taken. Following an inspection where changes are to be made, the licensing officer may discuss the problem with the day care operator or may issue a Notice of Deficiency, defining the improprieties in writing and stating a time limit for the correction action to be taken. Failure of the operator to rectify the situation may result in a suspension or cancellation of the operator's license to operate a day care centre.

(c) Appeals

A person who has been refused a license, or whose license has been suspended or cancelled may appeal this by "serving the Minister of Social Services with a Notice of Appeal within 30 days of being notified in writing of the refusal, cancellation, or suspension" (DL-01-08-01). The Minister of the Social Care Facilities will appoint an appeal board to hear the appeal. The appeal board will consist of three members, of which none can be government employees or persons of local authority (DL-01-08-01).

(d) Ministerial Actions For Non- Compliance

If the minister is satisfied that any person has contravened any of the regulations that apply to licensure of a social care facility, the minister may issue a "Stop Order". The "Stop Order" may include any or all of the following; (a) cease the contravention specified in the order, (b) stop any activity occurring at a social care facility, (c) stop the operation of the social care facility (DL-01-09-01). The "Stop Order" will specify the reasons for doing so, and may be a permanent order, or for a specified length of time (DL-01-09-01). Within 48 hours after the minister makes a "Stop Order", a copy will be served to the person that it is directed to, and upon receiving this, that person shall immediately comply with the order and shall inform the Director of Licensing, in writing, of all names and addresses of the clientele in the social care facility (DL-01-09-01). Any person failing to comply with a "Stop Order" is "guilty of an offence" and is subject to a fine of "not more than $200. for each day that the offence continues" (DL-01-09-01).

A person served with a "Stop Order" may appeal to the Court of Queen's Bench within 15 days from when the order was served (DL-01-09-02). The Court of Queen's Bench will make necessary inquiries into the matter, then determine if there are grounds to continue, and will either "confirm, amend or revoke" the "Stop Order" (DL-01-09-02).

Duties of the licensing officer in these cases, may include,

> providing the background information to the Regional Licensing Supervisor and/or Manager of Day Care, for a decision, outlining the options and recommendations for issuing the Stop Order, or delivering the Stop Order to the person to whom it was directed. (D.L.-01-09-02)

In all cases, the Minister makes the decision of issuing a Stop Order (D.L.-01-09-02).

(e) License

Regulation 2(1) states that a "license issued under this regulation shall be in the name of an operator and in respect of a day care facility" (D.L.-02-02-01).

The policy of transferability states that a license is not transferrable to another operator, facility or location, and that an operator and/or partners must be full time residents of Alberta. An operator may be a "corporation that is controlled by residents of Alberta and incorporated under an Act of the Legislature" (D.L.-02-02-01). Controlled means that "at least 51% of the directors and shareholders shall be full time residents of Alberta" (D.L.-02-02-01). An operator may also be a non-profit religious corporation or corporation to which the Canada Non-Profit Corporation Act applies (D.L.-02-02-01).

With regard to license application, regulation 2 (3) states that "no operator shall permit the multiple of" (b) the "number of day care facilities for which he, a partnership of which he is a member, or a corporation of which he is a shareholder or officer, holds a license to exceed 500" (D.L.-02-02-02). However, there is a grandfathering clause that eliminates all of the above, if an operator held a license "in respect of a day care facility before this regulation comes into force", this regulation would not apply. (July 13, 1983) (D.L.-02-02-02).

Regulation 4 (1) requires that an applicant for an initial day care facility license shall provide written inspection reports for "zoning approval from the municipal planning authority"; building approval from the "Building Standard Branch, Department of Labour"; a satisfactory fire inspection report from the "Provincial or District Office of the Fire Prevention Branch, Department of Labour"; and a "satisfactory health inspection from the Local Board of Health" (D.L.-02-03-01).

Regulation 4 (1) (b) requires "a list of staff positions; the major responsibilities and the qualifications and experience required for each staff member (D.L.-02-03-02).

Regulation 4 (1) (c) requests an emergency plan, satisfactory to the Director and inspector appointed under the Fire Prevention Act" (D.L.-02-03-03).

Regulation 4 (1) (d) calls for a "written description of the day care facilities' proposed program" (D.L.-02-03-04). This will include standards on programming, emergencies, health, nutrition, staffing, and outdoor play, which will be "evaluated in accordance with required procedures and guidelines" (D.L.-02-03-04).

Regulation 4 (1) (e) requires a "plan of the day care facility showing dimensions and use of rooms" (D.L.-02-03-05). This floor plan is required on the initial application as well as any renewal document. Renewal documents require similar documentation for the initial application. On-site inspections are held in both instances.

(f) Accommodation

Regulation 7 (1) states that day care facilities shall have "no room or space to be used for child care purposes located more than one story below the ground", nor any space that is "accessible only by ladder, folding stairs or through a trap door" (D.L.-02-09-01). Ceiling heights must be "not less than 2.3 metres" (D.L.-02-04-02), and children may be permitted in the kitchen "only while under the supervision of staff" (D.L.-02-04-03). The net floor area for sleeping and playing shall not be "less than 3 square metres per child", and in nurseries not be "less than 2.5 metres per child" (D.L.-02-04-04).

A building complex refers to a "shopping mall, an office building, a community centre or 2 or more buildings adjoining each other" (D.L.-02-04-05). If there are more than two day care centres in a "building complex" the total capacity "shall not exceed 80 children under 6 years" (D.L.-02-04-05). This applies only to day care centres and does not include nurseries or other types of day care.

Regulation 9 (b) calls for an "adequate accommodation for administration, interviewing, food preparation, maintenance and records, staff lounge and an area for staff to change their clothes" (D.L.-02-04-08).

(g) Furnishings and Equipment

Regulation 10 basically states that all furnishings and equipment be "maintained in good repair and be free from sharp, loose or pointed parts" (D.L.-02-05-02). These should be "safe, suitable" and of the "quantity and proportion to the number and size of the children enroled in the day care facility" (D.L.-02-03-02). Cupboards and other storage space should be easily accessible to children; toys and equipment shall be at child level and each child shall be provided with a separate, individual locker, cubbyhole, or hook, in a well lighted area. "Separate" means "separate lockers or hooks installed a minimum of 0.3 metres apart "(D.L.-02-05-03).

(h) Emergencies

Provisions for emergency situations require proof of adequate insurance coverage. Regulation 16 states that all day facilities shall comply with the standards to meet emergency situations", and that the "operator shall provide general liability insurance coverage for staff and children in care" (D.L.-02-09-01). Proof of this shall be maintained on the premises, and shall include the "company name, type and amount of coverage, and the effective date of coverage" (D.L.-02-09-01).

Provisions for emergency situations also includes a policy for transporting children under the "provisions of the Motor Transport Act in accordance with the requirements administered by the Department of the Alberta Solicitor General" (D.L.-02-09-02).

Regulation 16 (b), on emergency information, requires that "current addresses and telephone numbers are readily available" regarding parents and alternates, staff, the health unit, the child's physician, hospital, ambulance and taxi services (D.L.-02--09-03). "Current" means checked and updated at least every six months. "Readily available", means always available and accessible to all staff at all times.

The policy on fire extinguishers states that the "local fire authority shall determine the type, number and location of the fire extinguishers". In accordance with Alberta Fire Code, "fire extinguishers are required to be maintained annually and checked monthly" (D.L.-02-09-04). The guidelines recommend smoke detectors be installed in each day care centre.

The policy on fire drills require that fire drills be conducted monthly and total building evacuations are required six times per year to familiarize staff and children to the routines (D.L.-02-09-05).

Regulation 16 (e) states that an "emergency plan is required", the plan must be placed in a conspicuous place, and a copy given to all parents who have a child in a day care facility (D.L.-02-09-06).

In addition to this, Regulation 16 (f) requires that "at least one staff member shall be the holder of a valid certificate in first aid treatment" within each day care facility (D.L.-02-09-07).

(i) Health Standards

"Every day care facility shall comply with the

Institutions Regulation, 1980, as amended, under the Public Health Act" (Regulation 17, D.L.-02-10-01).

Licensing Officers shall monitor facilities on an on-going basis, and "refer concerns to the Public Health Inspector or Public Health Nurse" (D.L.-02-10-01).

All operators shall "ensure that firearms kept on the premises are stored in a locked cupboard, inaccessible to children and in a room not used for child care". In addition to this, "shells shall be kept separate from firearms and inaccessible to children" (D.L.-02-10-01).

In case of an accident or serious illness a designated staff member will notify the parents and ensure that the child receives prompt medical attention (Regulation 19, D.L.-02-10-03).

All suspected cases of communicable diseases shall be reported to the parents/guardians and health authorities. Parents/guardians shall remove the child from the day care facility and follow the recommendations given by the health authorities (Regulation 20, D.L.-02-10-04). A separate isolation area shall be set up to provide care for sick children (D.L.-02-10-05).

Regulation 22 states that, "no operator shall allow the administration of patent or prescribed medication without the written consent of the child's parent or guardian" (D.L.-02-10-06).

"The operator shall maintain a health record for each child" (D.L.-02-10-10). Health records must be complete when the child is enroled, and they shall be "checked and updated" every six months and maintained throughout the child's stay at the day care facility (D.L.-02-10-10).

(j) Nutrition

The operator shall ensure that "balanced meals and snacks of adequate quality and quantity are provided at appropriate times in accordance with the needs of each child" (Regulation 28 (3), D.L.-02-11-02). "Balanced meals of adequate quality" means, following Canada Food Guide. All foods are to be, "properly prepared, stored and served under sanitary conditions" (Regulation 28 (3), D.L.-02-11-02). With regard to food allergies, the name of the child and type of allergy shall be posted in all working and serving areas. Due to the risk of choking, foods to avoid include, "peanuts, hard candies, whole grapes, potato chips, caramels, popcorn and seeds" (D.L.-02-11-03). Staff should be "seated when eating" (Guideline, D.L.-02-11-03).

Regulation 29 states that, "special diets required for medical or other reasons shall be served on written instructions from parents or physicians" (D.L.-02-11-04).

Regulation 31 (1) states that "menus" shall list the specific foods to be served, and this list shall be "prepared at least one week in advance, dated and displayed in a conspicuous place for use of staff and information of parents" (D.L.-02-11-06).

(k) Staffing Standards

Regulation 34 states that the following "minimum primary staff:child ratios and maximum numbers of children who may be included in a group within day care facilities except nursery schools shall be in effect at all times" (D.L.-02-12-02). The exception to this is during the naptime, mealtime or during special activities where an activity "focuses the attention of all children upon an event such as a play, a film or a party" (D.L. 02-12-02).

Age of Child	Primary Child/ Staff Ratio	Maximum number of children in a group
0-18 mo.	1:3	6
19-35 mo.	1:5	10
3-4 yrs.	1:8	16
5 years	1:10	20
(D.L.02-12-02)		

Regulation 37 states that when "4 or more children are present, no person shall operate a day care centre or nursery school with fewer than 2 adult persons on duty, one of whom shall be free of other responsibilities while in charge of the children" (D.L.-02-12-07).

Nobody who is less than 18 years old shall be "solely responsible for the care or well-being of children in a day care facility" (Regulation 38, D.L. 02-12-08).

Review of Related Research

With regard to child caregivers' compliance to day care relations, a review of CD-ROM, ERIC and Sociofiles data bases show that the majority of studies completed have been done in the United States, and that the bulk of these do not focus on caregivers' adherence to the policies that govern them.

The CD-ROM data base for thesis and dissertation abstracts in Canada for the years 1980 to 1989 to 1991 produced 43 hits using the descriptors of day care in combination with staff, workers or givers. Of these, three were selected for review. The first was a Ph.D. dissertation by Sevcik (1986) which examined the individual and cumulative efforts that certain factors had on parenting tasks. The second study was also a Ph.D. dissertation done at the University of Toronto. This dissertation analyzed the determinants of the choices of child care by mothers who had preschool age children (Cleveland, G., 1990). The third study, done in Regina, was a Masters' thesis on clarification of relationships between day care experiences and the quality of infant mother attachments, (Schner, J., 1990)

The Educational Resource Information Centre (ERIC) was searched using the following descriptors that were taken from Thesaurus of ERIC Descriptors: day care centres, day care licensing and day care regulations in combination with child caregivers. The procedure yielded 363 hits of which 100 were selected for use.

The Sociological Abstract (Sociofile) data base was searched using the Thesaurus of Sociological Indexing Terms. Using the combination of the descriptors of care, caregivers, child care services and day care, 15 hits resulted, of which five were used in the study.

The only study pertaining to compliance, (Honig, 1985) was from a child's perspective. This study recommended that caregiver techniques be altered to promote cooperation and compliance in the child. Subsequent to this study, Anderson, (1988) describes on-site training programs to enhance effective interactions by caregivers in preschool centres.

Studies indicated that various approaches have been taken to develop caregiver training programs. The management/ownership in-service training program, Adams, (1986) was devised to cut costs on the part of management. The North Carolina State Department of Human Resources, (1985) and Swarez, (1994) both report on the use of telecommunication systems to promote learning of child caregivers, while Stone, (1984) discusses increasing knowledge of child development through the use of Child Development Associate (C.D.A.) Competency Standards. In some cases training guides have been used for teaching day care personnel. Pokorni, (1986) recommended a training guide using workshops to cover such topics as safety, emergencies, and first aid, in caregiver training.

An exploration of training needs in child caregivers was undertaken by Benham, (1988); Feine, (1989); Ragozzine, (1990) and Robinson, (1990). Robinson examined training issues for caregivers involved with toddlers; Ragozzine looked for consolidation in the training of early care and education teachers while Feine and Benham both focused on staff training needs of child care workers.

In Canada, a recent paper presented by Pierce and Taylor (1990), to the Annual Conference of the Association of Canadian Community Colleges, outlined the need for an affordable, accredited, national system for education in early childhood training. In part, the paper stated: "The current system includes one and two-year programs at 111 community colleges, two and four-year programs at 23 universities and several early childhood training programs of various lengths through correspondence and career training schools" (p. 10).

In describing the Canadian System for training child caregivers, Pierce and Taylor (1990) also state the following:

> This system has severe limitations, including insufficient licensed care, insufficient certified early childhood educators, insufficient training programs, little training opportunities outside of large urban areas, and no recognized standard of high quality training. Present training is often narrow and limited, and resources are outdated and overused. (p. 10)

Adequate child caregiver training programs will not be developed until nation-wide efforts are made to support the National Council on Day Care.

Working conditions, benefits and salaries of child caregivers have remained a topic of concern and dissatisfaction for most day care workers. Often in spite of caregivers' dedication to the field of child care they work under demanding conditions, receive few or no benefits, and salaries are consistently low for the amount of education, training and experience they have. The findings of studies by Nelson, (1986); Zinsser, (1986); concur with these statements. The Nelson study investigated areas of staff wages, benefits and the educational backgrounds of nearly 600 child care workers in Dane County, Wisconsin. The study suggested that low wages and lack of benefits may have an impact upon child caregiver career plans as well as the quality of care given to children.

New York State was the scene of a state-wide survey, (Zinsser, 1986), where almost 5,000 child caregivers were involved in a research study. The findings indicated that neither experience nor education in the child care profession lead to any substantial increase in pay. Findings from a Canadian study by Schom-Moffat, (1985), substantiated the findings of both Nelson and Zinsser. The findings of the Schom-Moffat study state, "the majority of workers (day care workers) receive few benefits of any kind", (p. 108) and, "few workers in either commercial or non-profit centres receive paid personnel days or retirement/pension plans" (p. 108). In addition to low salaries, most day care workers do not receive any compensation for working overtime or for attending meetings (Schom-Moffat, 1985, p. 107).

A search of the Childcare Resource and Research Unit (University of Toronto) and the NOMADS files did not produce information with regard to child caregivers' adherence to day care regulations; however, there were few reports on legislation relevant to the current study.

During the last three decades there have been insufficient and inadequate government legislation with regard to day care in Canada. Public reaction to this has been evidenced by the number of briefs, submissions and reports presented to the various levels of government. Committees have been formed and organizations have taken a stance all to bring pressure upon the federal government to fulfill its promise of enacting a *National Child Care Act*. To date a *National Child Care Act* has not been a priority of the federal government in spite of the need for accessible, affordable, high quality day care in Canada. To date, one of the most important contributions that the provincial and federal government have implemented with respect to child care was the Canada Assistance Plan (1986).

A study by Hanson (1984) describes the *Canada Assistance Plan*, (C.A.P.) stating both its objectives and its limitations. The C.A.P. program was developed primarily to provide assistance to persons in need and to remove the problems of child neglect and family dependence on the welfare system. The basic limitations of C.A.P. were the intent of the program itself; C.A.P. was not designed to provide a universal high quality day care for Canada (Hanson, 1987, p. 2).

Another inadequacy in the C.A.P. program was expressed in a brief, *Caring for Our Children*, presented to *The Special Committee on Child Care* by the *Canadian Advisory Council on the Status of Women* (1986). They argue that although federal funds are made available to assist with the costs of child care, provinces are not obliged to follow through with funding. Secondly, eligibility for funding does not guarantee availability of subsidized day care spaces for children. The report also states that, "With just half of licensed spaces in Canada subsidized through C.A.P., the federal government is supporting only 4.5% of the child care that is needed in the country" (p. 11).

In the report of Child Care in Canada, (Baker, 1987) reiterates Hanson's description of the C.A.P. program. This child care report suggests that the number of women in the labour force has substantially increased since the C.A.P. program was instituted. The reports states that in 1967, "16.7% of mothers with preschool children were in the labour force. In 1989 this figure had reached about 62%" (Baker, p. 2).

A study mandated in 1985 by the House of Commons, entitled Sharing the Responsibility; The Report of the Special Committee on Child Care, was released (1987) and was the result of a nation-wide response from organizations revealing their concerns for child care in Canada. These concerns were expressed by numerous presentations, briefs, submissions and private conversations. The main topics of concern were that of availability, affordability and the quality of day care in Canada (p. 4).

Most of the studies and research prepared for the Report of the Task Force on Child Care were not included in the database files. Of particular significance to current research was the Enforcement of Provincial Day Care Standards (Thomson, 1985), a report prepared for the federal Task Force on Child Care. The aim of this paper was to "examine how provincial governments ensure compliance with their day care standards" (Thomson, 1985, p. 73). All provinces have legislation for day care standards, enforced through inspection by provincial government officials. With the exception of Quebec, the law specifies the minimum number of yearly inspections. This is usually done on an annual basis. However, failure to comply with these regulations may alert attention to the need for more frequent and intensive investigations (Thomson, 1985). The paper does not outline the effectiveness of any of the procedures described in the study.

Probably the study most similar in nature to child caregivers' adherence to Provincial regulations in day care facilities is a study on compliance with the Day Care Nurseries Act at full day Child Care Centres in Metropolitan Toronto. This study, done for the Ministry of Community and Social Services of Ontario was conducted in 1988 and included 431 child care centres. The data collected included the general operation of the centre, ages of the children, length of time the centre had been in operation, and the amount of time the Program Advisor spends at the centre. The variables that were used to measure compliance with the Day Care Nurseries Act included five different type of licenses. The research findings signify that many variations exist between the different types of centres and the variables used to determine adherence to the Day Care Nurseries Act (West, 1988).

Although many child care studies do not focus on the role of the caregiver per se, indirectly and vicariously, more information is becoming readily available from which to extrapolate. Such is the case with three large studies recently conducted in Canada. Due to their national significance and gigantic scope, the Canadian National Child Care Survey and the Provincial, Territorial Review, (1988) and the Canadian National Child Care Study, Introductory Report (1992); have implications that may directly affect all aspects of child care, including the role of the caregivers in the future.

In the past, Statistics Canada (1967 and 1981) has conducted small scale surveys on child care. However, the shortage of reliable data on whether child care was meeting the needs of people and "dearth of sound policy-relevant information" led to the formation of the National Day Care Research Network (NDCRN) (1983), supported by Health and Welfare Canada. The purpose of the National Day Care Research Network was to "review the state of research on child care in Canada and to develop a research agenda for the 1980's" (Lero, Pence & Murray, 1988, p. 4). This was one of the largest surveys ever undertaken in Canada; the household survey participants included over 24,000 families in Canada and provided a basis "for most of the analysis presented in the major research reports" (Lero, Pence, Brockman & Goelman), 1992, February p. 23).

The Provincial and Territorial Policy and Programs Review consists of "the collection and synthesis of information on each provinces' and territories' child care programs, as well as demographic and economic characteristics" (Lero, Pence, Brockman & Goelman) (1992, February, p. 23).

Together, the new 1988 National Child Care Survey or (NCCS) and the Provincial and Territorial Policy and Programs Review were "unique components" of the 1992 Canadian National Child Care Study (CNCCS). "The lifetime of the CNCCS from its inception to the completion of most major research reports will ultimately span a ten-year period" (Lero, Pence, Brockman & Goelman), 1992, p. 15).

The Canadian National Care Study is:

> a collaborative research project among four members of the National Day Care Research Network, Statistics Canada, and Health and Welfare Canada. It was designed to provide comprehensive and reliable information about Canadian families and their child care arrangements, parental work patterns, and factors that affect families as they strive to maintain their family's economic well-being and meet the needs of the children. (Lero, Pence, Brockman & Goelman), 1992 p. 26)

In addition to the Introductory Report on the CNCCS, approximately 10 additional reports are being planned; however, to date none will address the role of caregivers per se.

Pence and Goelman (1991) state that:

> The controversies and diversity of opinions that characterize family day research in the 1960's and 1970's is now distant, superseded by more referred and complex studies. Indeed the neighbourhoods and environments that contain the micro-systems of caregivers have themselves changed greatly over the last ten to twenty years. (p. 32)

Research itself has grown; research on child care has reached a state of childhood, while research on child caregivers is still in a state of infancy, and lacks identity.

Summary

Demographic changes initiated by the Industrial Revolution brought about many changes in economic conditions which affected family lifestyles and ultimately influenced trends in day care for children. Day care emerged as a social institution in the second half of the twentieth century due to changing concepts of mother's roles and cultural acceptance of a single parent family. In part, this was due to regional and national urbanization and women being indoctrinated into the work force during World War II.

Academically, day care for children in Canada evolved from Infant Schools, which were initially developed from Robert Owen's model of Infant Schools in New Lanark, Scotland during the early 1800's. The Owen's model, gained the attention of a group of London philanthropists who eventually hired Owen's instructor to set up a London based infant school. By 1830 the London model was implemented in the eastern United States and Canada and soon became known as the North American model.

Politically, in Canada, Quebec was the first province to receive any government support for child day care where the Salles d'Aisles (1850's) were financed in part by provincial grants. During the 1890's the National Council on Women received revenues from provincial governments and municipalities to support more than 15 child care centres in Ontario and Quebec. No significant government input was realized until 1966 when the Canadian Assistance Plan (C.A.P.) was implemented, activating federal participation in the funding of day centres in Canada.

Important developments with regard to child care in Canada have taken place in the last 25 years. Implemented in 1966, the Canadian Assistance Plan (C.A.P.) was a 50-50 cost sharing plan between the federal and provincial governments in Canada to provide assistance and welfare assistance to persons in need. The plan was intended to only play a limiting role in providing funds for child care needs.

The Report of the Royal Commission on the Status of Women (1970) and the Abella Report, a Report of the Commission on Equality in Employment (1984) were two National Studies conducted to ascertain the status of women in Canada. The Report of the Royal Commission on the Status of Women (1970) was the first report to suggest that child care should be viewed as a universal societal responsibility in Canada. The report called for accessible, affordable, high quality child care, effected through a National Day Care Plan. Two years later the formation of a National Day Care Information Centre was established within the federal Department of Health and Welfare to provide information and promote the development of quality child care services in Canada.

Two National Child Care Conferences were held, the first in Ottawa (1971), the second in Winnipeg (1982). The Canadian Day Care Advocacy Association, established in 1983 evolved from the second conference and campaigned for national day care standards.

Appointed by Prime Minister Trudeau (1984), a four member Task Force, (chaired by Dr. Katie Cook) for Status of Women advocated a universal day care system, aimed at having a fully funded program that provided accessible, high quality day care for all who required it.

The Special Committee on Child Care, established by Prime Minister Mulroney in 1985 was chaired by Shirley Martin, M.P. and the final report of this committee, titled Sharing the Responsibility opposed the fully funded governmental day care proposal of the Cook Report.

In 1987 Jake Epp, M.P., Federal Minister of Health announced details of the National Strategy on Child Care. The three main components of this National Strategy were: The Child Care Initiative Fund (C.C.I.F.); Tax Assistance to Families with Young Children; and a new, Canada Child Care Act.

Political involvement with child care in Alberta began in the early part of the twentieth century with concern for families and welfare cases. Following a study of Ontario's protection legislation (1893) the government of Alberta enacted, in 1909, legislation to eliminate child neglect. It was called the Children's Protection Act. This act has been revised several times since it was enacted; however, it has consistently provided a rudimentary definition of child neglect.

The major provisions of the Child Welfare Act (1944) was to enhance the care of children and supervision of the wards of government. The amended Child Welfare Act (1957) gave the provincial government new legislative power as related to day care centre child care. For the first time in its history the province was able to license and inspect social care facilities under the auspices of the Homes Investigating Committee, which had been established in 1956 to inspect and make recommendations on foster homes and institutions. Children's Aid Societies were also closed in 1957 when all financial responsibilities for children under the Societies' care were placed under the jurisdiction of the Provincial Superintendent, who was responsible for neglected children and who acted on behalf of the provincial government.

The Preventative Social Services Act (P.S.S.) came into effect in Alberta in 1966. This act allowed non-profit day care centres to receive cost-shared provincial funding, administered and operated by municipalities. The Preventative Social Services Act was succeeded by the Family and Community

Support Services Act (F.C.S.S.).

Reports of child abuse and mismanagement of child welfare services prompted a position paper to be circulated by the Department of Social Services and Community Health (1976). A Task Force was set up (1977) to consider the numerous responses to the position paper as a result of the Task Force report. Alberta's first care regulations were advanced in the Social Care Facilities Licensing Act of 1978. To further enhance the image of Alberta Day Care, a Provincial Day Care Advisory Committee was also established (1980).

Despite such measures taken to improve day care, several ensuing reports indicated that major problems remained unresolved in the child care industry and in 1980 the government independently appointed Mr. Justice J.E. Cavanaugh to head an investigation in all areas of child care in Alberta. Three years later (1983) Justice Cavanaugh released his report which outlined such areas as day care inspection being a critical area for concern. To date, the provincial government has chosen to largely ignore this critical area.

In 1987, Connie Osterman, Minister of Social Services, introduced the new Day Care Licensing Policy Manual. This manual provided for policy requirements as stipulated in the Social Care Facilities Licensing Act and Day Care Regulations. To date there are eight revision to this manual, the first was issued in October, 1990, and the most recent, number eight, was issued in February, 1992. These revisions are in the form of information bulletins called "bridging documents" or "interim policy guidelines", and are also included in the Social Care Facilities Licensing Act Day Care Regulations pamphlet (330/90)

In 1988, the Alberta Government issued a document titled Caring and Responsibility, a Statement of Social Policy for Alberta which provided the ground work for the funding reforms presented in a White Paper, on Reforms to Alberta's Day Care Programs, Meeting the Need, which were introduced in 1990 (March). Adjustments to a White Paper proposals came from added input gained through dialogue and participation of the general public. As a result of this interaction the provincial government released a final version of day care reform in a document titled Alberta Day Care Reforms: A fairer, better, system for Albertans. (1990, July)

Child day care in Calgary did not occur in isolation, but rather in conjunction with all the Acts, standards, regulations and other factors that contributed to the growth of day care in Alberta, Canada and elsewhere. In examining the initial child care measures taken, one must take into account the lifestyles of children that were being born and reared in Calgary during the early nineteen hundreds.

Civic relief departments were being set up to investigate, supervise and care for children who were destitute and often made wards of the city or province. Shelters and homes were used to provide a place for children to stay. However, there were too few, and they were too costly to operate; consequently, it was impossible to accommodate the need. Charitable organizations, private groups, and church associations were instrumental in providing assistance in various ways. Of no less importance than these was the Children's Aid Society of Calgary. This society played a valuable role in protecting and caring for great numbers of children who had been neglected and were destitute during the early 1900's to 1957.

One of the Children's Aid Society first shelters for children in Calgary was the Old Maternity Hospital, (1904-1914). Overcrowded conditions led to a new shelter being located on 10 acres of land at Harvetta Heights and in 1924 the "shelter children" were moved to a less spacious, but more comfortable and convenient home at 312 Mount Pleasant Boulevard. In 1920, when Maude Riley was acting president of the Children's Aid Society, she convinced the city to take over the management of the Children's Shelter.

Maude Riley was also president of the Calgary Welfare Association (1923). This Association went through several name changes as more organizations became affiliated with it. In 1925, the Association became known as The Calgary Council on Child Welfare; in 1928, The Calgary Council and Family Welfare; in 1936, The Alberta Council on Child and Family Welfare. Maude Riley remained President of the Council throughout all the changes.

In 1946, the city purchased the Maude Riley Home and it became both a receiving home and a creche until after Maude Riley's death in 1962. Other noteworthy homes in this regard included Wood's Christian Home which began in Innisfail (1915) and in Olds (1918). Mr. and Mrs. Woods moved to the Bowness district of Calgary (1926) with no monetary funds and 32 children in their care. Likewise, the Catholic Women's League had no funds when they opened a home for abandoned children in 1943. The following year the first Providence Creche was opened on 18th Avenue and Center Street S.W. Today, the Wood's Christian Home and the Providence Child Care Development Centre have prospered and expanded their operations in Calgary.

The Preliminary Report Day Care Study (1967) and the study of Day Care Needs in Calgary (1967) both indicated grave shortages of day care services in this city at this time. However, these conditions were reversed in 1982 when day care vacancies increased, presumably due to the high rate of unemployment and parental care of children in the home.

The City of Calgary became involved in establishing three municipally operated day care centres in areas of the city identified as high need districts for day care. Shaganappi Day Care Centre (1969); Bridgeland Day Care Centre (1973); and Connaught Day Care Centre (1978) are all subsidized, municipally run day care centres in Calgary.

In 1981, a detailed self-study was initiated by the Calgary Social Services Department with the view of applying for a membership and possible future accreditation with the Child Welfare League of America. Accreditation was granted in 1984.

Prior to November 1, 1990, there were no provincial educational requirements for child day care centre caregivers in Alberta. In 1983 The Day Care Society of Alberta suggested a training program, for day care employees, in the Day Care Staff Training Survey that this Society was conducting. Prior to 1983, the owners or administrators of each child day care centre were responsible for developing their own staff training program. All staff levels of training programs for child day care centres are being phased in over a five-year period. These staff training programs were to "commence November 1, 1990 and conclude September 1, 1995" (Alberta Day Care Reforms, 1990, July, p. 14).

It is the intention of this section of the chapter to offer further interpretations of the significant regulations, policies and terms outlined in the most recent Day Care Licensing Manual of Alberta (1987). All definitions and meanings have been extracted from the Day Care Licensing Manual of Alberta, 1987 and are used in that context.

The key day care regulations and policies discussed in this section are: inspection; enforcement; appeals; ministerial action for non-compliance; regulations; license; accommodation; furnishings and equipment; emergencies; health; nutrition and staffing standards as they apply to the day care centres in the province of Alberta.

With regard to child caregivers' compliance to day care regulations, a review of CD-ROM, ERIC and Sociofiles data bases show that the majority of studies completed have been done in the United States, and that the bulk of these do not focus on caregivers' adherence to the policies that govern them.

The CD-ROM data base for thesis and dissertation abstracts in Canada for the years 1980 to 1989 to 1991 produced 43 hits using the descriptors of day care in combination with staff, workers or caregivers. Two Ph.D. dissertations and a Master's thesis were selected for the study.

The Educational Resource Information Centre (ERIC) was searched using the following descriptors: day care centres, day care licensing, day care regulations in combination with child caregivers that were taken from Thesaurus of ERIC Descriptors. The procedure yielded 363 hits, only 100 were selected for use.

The Sociological Abstract (Sociofile) data base was searched using the Thesaurus of Sociological Indexing Terms. Using the combination of the descriptors of care, caregivers, child care services and day care, 15 hits resulted, of which 5 were used in the study.

A search of the Childcare Resource and Research Unit (University of Toronto) and the Nomads files did not produce information with regard to child caregivers' adherence to day care regulations; however, there were a few reports on legislation relevant to the current study.

The Cook Report (1986) titled Federal Task Force on Child Care advocated a publicly funded universal day care system while the Martin Report (1987) titled, Sharing the Responsibility opposed the proposals of the Cook Report, opting instead for a more cost-sharing program. Three large studies recently conducted in Canada, The Canadian National Child Survey (1988); The Provincial, Territorial Review (1988) and the Canadian National Child Care Study (1992) have implications that may directly affect all aspects of child care, including the role of caregivers in the future.

CHAPTER III

ANALYSIS OF DATA

Introduction

The subject matter of Chapter II was comprised of seven sections. Section one contained demographic, political and academic information that reflected the evolution of day care programs in Alberta. Sections two, three and four, provided an overview of federal, provincial and municipal legislation and regulations as they related to the governing of caregivers and day care centres. Section five described the preparation of day care staff. Section six was a discussion of the key regulations and policies as outlined in the Day Care Licensing Policy Manual of Alberta (1987). The final section, number seven, reviewed professional literature and research that was related to this study. The chapter concluded with an eight page summary.

The purpose of this chapter is to present an analysis of research data that were collected from the administrative primary child caregivers as well as the primary child caregivers who participated in the investigation. The sample for the study was taken from 151 day care centres and included 37 selected day care centres from four quadrants of the City of Calgary. In these centres there were "administrative primary caregivers" and "primary caregivers" who participated in the research.

It will be recalled from Table 2, Chapter I, the size of the sample of day care centres participating in this study was 27. In these centres there were 27 administrative primary caregivers and 123 primary caregivers involved in the study.

The Instrument Section of the first chapter describes in detail the two instruments that were used to collect data for analysis. It will be recalled that a two-part instrument was designed for administrative primary caregivers and primary caregivers. The former personnel were responsible for the quality of the program offered to clients. Administrators of day care centres are responsible for adhering to the specific regulations and policies found in the _Day Care Programs Licensing Policy Manual_ (1987), an official publication of the Department of Social Services of the Provincial Government. Data collected with the Administrative Primary Caregivers portion of the research instrument were used to organize the tables in this section of the report. In Table 2 are data which inform the reader of the number of Administrative Primary Caregivers who participated in this study for each quadrant of the city.

In compiling this report, every effort was made by the researcher to keep each table in proximity to its analysis. As a result of that effort the reader will find white space through this section of the report.

Table 4

Number of Administrative Primary Caregivers Involved in the Study

N = 27

Quadrant	Administrative Primary Caregiver		
	No. Centres	No. Administrators	%
North-east	9	8	88.9
North-west	8	5	62.5
South-east	8	5	62.5
South-west	12	9	75.0
Total	37	27	

It is evident from data in Table 4 that not all of the administrators responsible for providing leadership to child day care centres that were selected from each quadrant of the city were involved in the study. To illustrate, of the 12 administrators in south-west Calgary only nine participated in the study. Data in this table also show that of the administrator cohort of 37 only 27 provided data for analysis which represented 72.97% of that cohort.

Administrative Primary Caregivers

Part 1

This portion of the research instrument collected background information from the 27 administrators involved in the investigation. To determine the age of the administrator, the following question was asked:

1. **What is your age?**

1. 16-17 years
2. 18-19 years
3. 20-24 years
4 25-29 years
5 30-40 years
6. Over 41 years

Table 5

Age of Administrative Primary Caregiver

N = 27

Age	Administrators No.	Administrators %
16-17 years	0	0
18-19 years	1	3.7
20-24 years	0	0
25-29 years	5	18.5
30-40 years	10	37.0
Over 41 years	11	40.7
Total	27	99.9[1]

[1] Total percent is less than 100.0 because of rounding.

It was found that of the 27 administrative primary caregivers who answered question 1, one was between 18 - 19 years of age. Data in Table 5 also show that 21 of the 27 administrative primary caregivers of child day care centres, or 77.7% for all quadrants of the city, ranged in age from 30 to over 41 years of age. None of the 27 administrative primary caregivers indicated that their age ranged between 20 and 24 years. No administrative primary caregiver was below 18 years of age.

The following question was used to determine the gender of the administrative primary caregivers involved in the research.

2. What is your gender?
1. Male [ ]
2. Female [ ]

Table 6

Gender of Administrative Primary Caregiver

N = 27

Administrative Primary Caregiver Gender	No.	%
Male	0	0
Female	27	100.0
Total	27	100.0

According to data in above table none of the 27 administrative primary caregivers in the child day care centres involved in the research were male. It is rather obvious from these data that employment in a child day care centre as an administrative primary caregiver is gender specific in the day care centres located in the City of Calgary that were involved in the study.

The marital status of this administrative personnel was categorized as being either single or married. Single status included those administrative personnel who were either separated, divorced or widowed. The term married included those administrators who were either living with a spouse through the benefit of a ceremony or in a common law relationship. To collect this type of information question 3 asked:

3. What is your marital status?

1. Single [ ]
(Separated/Divorced/Widowed)
2. Married [ ]
(Common Law)

Table 7

Marital Status of Administrative Primary Caregiver

N = 27

Administrative Primary Caregiver Marital Status	No.	%
Single (Separated, Divorced Widowed)	4	14.8
Married (Common Law)	23	85.2
Total	27	100.0

Data in Table 7 indicate that from the total of 27 administrative primary child caregivers 23, or 85.2%, were married. How many of the 23 had a common law relationship was not determined. The four administrators in the singles category were not distinguished as being either separated, divorced or widowed. The number for each of these categories was also unknown.

An analysis of data collected with the statement "How many children do you have?" show the number of children that the 27 administrative child caregivers had. Data collected with this statement were used to assemble Table 8.

4. How many children do you have? ______________

Table 8

Administrative Primary Caregiver: Number of Children

N = 27

No. of children	Administrative Primary Caregiver	
	No.	%
None	5	18.5
1	4	14.8
2	10	37.0
3	5	18.5
4	3	11.1
Total	27	99.9[1]

[1] Total percent is less than 100.0 because of rounding.

In Table 8 are data which show that five of the 27 administrative primary caregivers of the survey were childless; four administrative primary caregivers had one child; ten had two children; five had three children; and three had four children. The maximum number of children an administrative primary caregiver had was four.

The purpose of asking question 5 was to determine the level of academic achievement administrative primary caregiver had attained. This question asked:

5. What is the highest level of schooling you have completed?

1. Some grade school [ ]
2. High School Diploma [ ]
3. College or technical school diploma [ ]
4. University degree [ ]

Data collected with the fifth question can be found in Table 9.

Table 9

Administrative Primary Caregiver: Educational Level

N = 27

Educational Level	Administrative Primary Caregiver	
	No.	%
Some grade school	1	3.7
High school diploma	3	11.1
College or technical school diploma	11	40.7
University degree	12	44.4
Total	27	99.9[1]

[1] Total percent is less than 100.0 because of rounding.

Data in Table 9 show that when the categories for post secondary education, college or technical school (11) and university (12) are amalgamated, 23/27 or 85.1% of the administrators graduated with either a diploma or a baccalaureate. Three of the administrators acquired a high school diploma and one had some education at the grade school level.

To determine the length of service that child care administrators gave to the field of child care question 6 asked:

6. How long have you worked in the field of Child Care?

1. Less than 6 months [ ]
2. 6 - 12 months [ ]
3. 13 - 23 months [ ]
4. 2 - 5 years [ ]
5. More than 5 years 1 month [ ]

Table 10

Administrative Primary Caregiver: Years of Employment in Child Care:

N = 27

Employment Period	Administrative Primary Caregiver	
	No.	%
Less than 6 months	0	0
6 - 12 months	0	0
13 - 23 months	1	3.7
2 - 5 years	6	22.2
More than 5 years 1 month	20	74.1
Total	27	100.0

Of the 27 administrators who responded to this statement it is evident that almost three quarters, 74.1 % or 20/27, were employed in the field of child care for over five years. Only one administrator had less than 23 months of employment as an administrator. The six remaining administrators, or 22%, provided administrative service to child day care centres between two and five years.

To establish the length of time that administrative personnel had worked at their present place of employment, question 7 was phrased in the following manner:

7. How long have you worked at this Day Care Centre?

1. Less than 6 months
2. 6 - 12 months
3. 13 - 23 months
4. 2 - 5 years
5. More than 5 years 1 month

Table 11

Administrator Length of Service: Present Day Care Centre

N = 27

Length of Service	Administrative Primary Caregiver	
	No.	%
Less than 6 months	4	14.8
6 - 12 months	0	0
13 - 23 months	7	3.7
2 - 5 years	8	29.6
More than 5 years 1 month	14	51.9
Total	27	100.0

Data in Table 11 indicate that over half of the administrators 14/27 or 51.9%, worked at their present day care centre for more than 5 years. Eight of the 27, or 29.6%, of these administrators worked at their present job between two and five years. Of the 27 administrators, four or 14.8%, were employed less than six months in the day care centre they administered at the time of data collection.

To ascertain the future interest, dedication and other reasons for remaining in child care, administrators were asked to respond to the following question:

8. What are your plans for employment in the future?

1. No plans
2. Continue to work in the Child Care field
3. Seek employment in another field

Data collected with this question were used to organize Table 12.

Table 12

Administrative Primary Child Caregiver: Future Plans

N = 27

Future Plans	Administrative Primary Caregiver	
	No.	%
No plans	1	3.7
Continue to work in the Child Care field	23	85.2
Seek employment in another field	3	11.1
Total	27	100.0

Findings from data presented in Table 12 reveal that over four-fifths, 85.2%, of the administrators who participated in the study indicated they planned to continue working in the child care field. Only three of the 27 administrators who provided data indicated they would seek employment in another field.

To identify the major role administrators had in a child's life at the day care centre where they were employed, question 9 was designed to obtain that type of information. Question 9 asked:

9. **What is the major role you play in a child's life, at the Day Care Centre?**

1. Supervise (Monitoring)
2. Education (Facilitating)
3. Foster mothering (Child Care)
4. Custodial (Cleaning)
5. Other (Please explain)

Table 13 includes data collected with this question.

Table 13

Administrator's Major Role at Day Care Centre

N = 27

Major role	Administrative Primary Caregiver	
	No.	%
Supervise (Monitoring)	17	63.0
Education (Facilitating)	6	22.0
Foster mothering (Child Care)	2	7.4
Custodial (Cleaning)	2	7.4
Other (Please explain)	0	0
Total	27	100.0

The data in Table 13 show that the majority of administrators, 63.0%, indicated their major role was to supervise and monitor the life of children who attend the day care centres where they were employed. Twenty-two percent of the administrators indicated their major role was to facilitate the education of the children who attended the day care centre they administered. The remaining 7.4% of administrators believed their major role was either foster mothering or to perform some type of custodial work.

There are a number of factors which are associated with the quality of the program that is offered in a day care centre. To determine the level of satisfaction that the participants had with these factors the following question was prepared.

10. How satisfied are you with the following factors in the day care centre?

Please place a (√) in the most appropriate column for each factor below.

	1	**2**	**3**
	Satisfied	**Neutral**	**Unsatisfied**
Space (indoor/outdoor)			
Ventilation			
Lighting			
Heat (temperature)			
Cleanliness			
Safety			
Equipment and toys			
Discipline of Children			
Staff-child ratio			
Salary			
Status			
Training (in service)			
Advancement			

Other
(Please explain)

The data collected with this question can be found in Table 14.

Table 14

Administrator Primary Caregiver: Satisfaction

N = 27

Factor at Centre	Degree of Satisfaction		
	1	2	3
Heat (temperature)	26	1	0
Staff-child ratio	26	0	1
Cleanliness	25	1	1
Safety	24	1	1
Lighting	24	2	1
Ventilation	22	5	0
Space (indoor/outdoor)	22	4	1
Discipline of children	20	6	0
Equipment and toys	19	7	1
Training (in service)	19	3	2
Status	17	6	4
Advancement	15	2	2
Salary	8	4	11

Other (Please explain)

Satisfiers
- warm caring centre
- team work
- permission to institute benefical policies

Dissatisfiers
- lack of sufficient remuneration
- lack of funds for efficient day care operations
- over regulation by government
- lack of parental respect for staff

1 = Satisfied
2 = Neutral
3 = Unsatisfied

Data in Table 14 show that the number of participants employed in the role of administration generally were quite satisfied with most of the factors outlined in this table. The highest level of satisfaction was determined by the greatest number of administrators being satisfied. In rank order they were, heat (temperature) and staff-child ratios (each 26); followed by cleanliness (25); safety and lighting (each 24); space and ventilation (each 22); discipline of children (20); equipment/toys and training (in service) (each 19); status (17); advancement (15); and salary (8). Eleven administrators, or almost one-third of the administrator group, were unsatisfied with their salary. Approximately one-half of the administrators (15) were satisfied with their ability to advance on the job and only slightly more (17) were satisfied with their status at work, six were neutral and four were dissatisfied with the status they held in the day care centre where they were employed.

Under "other" a number of administrators listed factors that they were either satisfied with or dissatisfied with. Factors that created satisfaction for the day care administrators included: "warm, caring centre", "team work" and "permission to set policy and institute policies that were considered beneficial to the children under the administrators care". Conversely, factors that created the most dissatisfaction for the day care administrators included: "lack of sufficient remuneration", and "lack of funds to operate the day care centre in an efficient manner". Added to these factors were "over-regulation" by government and "lack of parental respect for staff at the day care centre". Some of the dissatisfaction expressed by the administrators was, no doubt, indigenous to certain day care centres, while the issue of insufficient pay was universal in nature and applied in varying degrees to most administrators who were involved in the research.

Administrative Primary Caregivers

Part 2

It will be recalled from Chapter I that Part 2 of the research instrument was designed by the researcher, using as base documents, the policy manual and regulations from Alberta Family and Social Services that govern day care programs in the province of Alberta. Included with Part 2 was an "AWARENESS" scale and a "PRACTICE" scale with a three-point Likert type of rating for each scale. The "AWARENESS" scale included the following choices: "Not Aware", "Somewhat Aware" and "Fully Aware". The "PRACTICE" scale had these choices, "None", "Occasionally" and "Always". The participants were asked to circle the most appropriate number under "Awareness" and "Practice" for each policy/regulation that was listed under 14 separate headings. A zero was inserted at the beginning of each column to identify the number of participants who did not respond to the question. The first of these headings had to deal with fire regulations that are to be observed and implemented as they relate to the operation of a child day care facility.

Fire Regulations

Participating administrative caregivers were asked to respond to four statements using the rating scale with regard to Fire Regulations to determine the status of these regulations in the centres in which they were employed.

Table 15

Administrator Ratings: Fire Regulations

N = 27

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
A.1 Emergency Evacuation Fire Drill	1	0	0	26	27	1	0	4	22	27
A.2 Fire Inspection Report	0	0	0	27	27	2	0	0	25	27
A.3 Fire Drills Conducted	1	0	1	25	27	1	1	4	21	27
A.4 Emergency Plans Posted	0	2	0	25	27	3	0	0	24	27

0 = no response   0 = no response
1 = not aware   1 = none
2 = somewhat aware   2 = occasionally
3 = fully aware   3 = always

A.1 Planned emergency evacuation and fire drill procedures are in place.

Analysis of the data in Table 15 show that 26 of the administrators were aware of the emergency evacuation fire drill regulation; however, only 22 followed the practice of having a planned evacuation and fire procedures in place in their day care centre.

A.2 A satisfactory fire inspection report is current and available.

All 27 administrators had available for interested parties, parents and inspectors, a current fire inspection report. However, only 25 of the 27 administrators practiced this regulation.

A.3 Awareness of fire drills to be conducted once a month to familiarize staff with their roles and responsibilities.

Data in Table 15 show that although 25 administrators were "fully aware" that fire drills were to be conducted once a month, only 21 of these administrators made it a practice to have fire drills that frequently. An additional four administrators sometimes practiced having fire drills once per month and one administrator never made it a practice to hold fire drills on a monthly basis.

A.4 A copy for emergency plans for evacuation posted and a copy is given to all parents.

Of the 27 day care centre administrators who were involved in the study, two indicated that they were unaware that emergency evacuation plans were to be posted and a copy of these plans was to be given to all parents. Data in Table 15 show that 25 administrators were aware of this ruling and that 24 of these administrators practiced this procedure. Three of the 27 administrators did not respond to the practice aspect of this regulation.

Staffing Standards

There were two statements concerned with staffing standards that administrators were asked to rate. Staffing standards included a job description for each staff position found in the day care centre and a listing of the major responsibilities for that position. Data collected with these statements were used to assemble Table 16.

Table 16

Administrator Ratings: Staffing Standards

N = 27

	Regulation	Rating									
		Awareness					Practice				
		0	1	2	3	Total	0	1	2	3	Total
B.1	Job Description	0	2	1	24	27	1	3	4	19	27
B.2	List Staff Responsibilities	1	3	0	23	27	1	3	5	18	27

0 = no response
1 = not aware
2 = somewhat aware
3 = fully aware

0 = no response
1 = none
2 = occasionally
3 = always

B.1 Job descriptions are developed for each staff position.

Analysis of data on this regulation taken from Table 16 show that 24 participating administrators developed a job description for each staff position for the caregivers of their centre. However, 19 of the 27 administrators made it a practice to follow this regulation while three administrators never made it a practice to develop a job description for their staff.

> **B.2 A list of all staff positions, major responsibilities and the qualifications and experience required for each is available.**

Twenty-three of the 27 administrators were "fully aware" of the regulation that they were to list the major responsibilities and qualifications for each staff member. However, 18 of the administrators followed this regulation by putting it into practice. Five of the administrators sometimes made it a practice to list all staff postings, responsibilities and qualification required for each, while three of the administrators did not practice this regulation.

Accommodation

Accommodation refers to the utilization and amount of space allotted to the various compartments within the day care centre.

The administrative day care primary caregivers were asked to respond to 5 policy statements that were directed at accommodation. Data collected with this question were used to organize Table 17.

Table 17

Administrator Ratings: Accommodation - Children - Day Care Centres

N = 27

Regulation	Awareness 0	Awareness 1	Awareness 2	Awareness 3	Awareness Total	Practice 0	Practice 1	Practice 2	Practice 3	Practice Total
C.1 Plan for day care facility	1	3	0	23	27	2	2	3	20	27
C.2 Room layout - effective supervision	0	0	1	26	27	2	0	2	23	27
C.3 Adequate accommodation: administration, food preparation, staff lounge, change area	0	0	0	27	27	1	0	5	21	27
C.4 Cupboards, storage areas accessible to children	2	2	23	0	27	1	0	3	23	27
C.5 Children provided indoor, outdoor play materials	1	0	1	25	27	0	0	3	24	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

C.1 A plan for the day care facility showing dimensions and use of rooms is available.

Over two-thirds, 23 of the 27 administrators, were aware that according to the regulations, a floor plan for the facility had to include dimensions of the rooms, the use of each room and that the floor plan should be made available. However, of the 25 participants who responded to the practice scale, 20 administrators practiced the regulation, three did so "occasionally" and two never made it a practice to have a floor plan of the day care centre they administered. These data are found in Table 17.

C.2 Each room used for child care purposes has a layout conducive to easy and effective supervision.

In analyzing the data from Table 17 for statement C.2, it is evident that most administrators, 26/27, were aware that the layout of rooms used for child care purposes had to provide for easy and effective supervision of children in the room. A lower number, 23/27, "always" made it a practice to see that rooms for children's activities were laid out so the children in the room could be easily supervised.

C.3 There is adequate accommodations for administrators, interviewing, food preparation, maintenance and records, staff lounge and staff change area.

The data in Table 17 show that all 27 participating administrators were aware of the need that adequate ancillary accommodation had to made available in the day care centre for the activities that would provide for the smooth operation of the child day care facility. However, in practice, 21 of the administrators indicated that this type of accommodation was available in the centre which they administered.

C.4 Cupboards and other storage space for children's use are easily accessible to children.

Findings show that two administrators were unaware that cupboards and other storage space for children's use were to be easily accessible for children to use. Twenty-three administrators were "somewhat aware" of this regulation. In spite of a universal lack of awareness of centre administrators with regard to the regulation of children's accessibility to storage space and cupboards, research findings show that this regulation was "always" practiced by 23 administrators in the centre where they were employed.

C.5 Children are provided with adequate indoor and outdoor play materials.

Twenty-five of the 27 participating administrators were fully cognizant of this regulation, which requires that indoor/outdoor play materials be made available to children attending their day care. Of the 27 administrators, 24 made it a practice to have play materials available in their facility for the children to play with.

Health Regulations

Health regulations are concerned with the general well being of a child in the day care centre. Attention of day care personnel must be focused on the absence of disease, freedom from pain, conditions that promote sound physical, mental, emotional and social development in a child and the maintenance of records to substantiate these.

Participants were asked to respond to seven statements with regard to their awareness and practice of health regulations that had been established by provincial agencies that regulate day care centres.

Table 18

Administrator Ratings: Health Regulations

N = 27

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
D.1 Health inspection available	1	0	0	26	27	0	0	0	27	27
D.2 Notifiable diseases reported immediately to health authorities to person responsible	1	0	0	26	27	0	0	1	26	27
D.3 Isolation room provides care for sick children	2	2	0	23	27	1	3	6	17	27
D.4 Health record completed at enrollment and maintained every 6 months	1	0	0	26	27	0	0	3	24	27
D.5 Health records include medical information, special health needs, history of serious illness	0	0	0	27	27	1	0	0	26	27

Table 18 con't.

Administrator Ratings: Health Regulations

N = 27

Regulation	Awareness 0	Awareness 1	Awareness 2	Awareness 3	Awareness Total	Practice 0	Practice 1	Practice 2	Practice 3	Practice Total
D.6 Health record on file, minimum of 2 years	0	2	0	25	27	2	0	0	25	27
D.7 Daily attendance records include arrival and departure	0	0	0	27	27	1	0	1	25	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

D.1 A satisfactory health inspection report is current and available.

Findings in Table 18 indicate that 26 of the 27 administrators were aware that as an administrator of a day care centre they were required at all times to keep on the premises of the day care facility a satisfactory health inspection report that was current. All 27 administrators made it a practice to follow this regulation.

D.2 Unknown or suspected notifiable diseases are immediately reported to health authorities and to the parent, guardians or person responsible.

Evidence in Table 18 shows that 26 of the 27 administrators were aware of the health regulation that they report any suspected notifiable disease to all stakeholders concerned with the clients of the day care centre they administered. An identical number of administrators (26), made it a practice to "always" follow this regulation.

D.3 A separate isolation room is set up for the purposes of providing care for sick children.

There are data in Table 18 which show that of the 27 administrators, only two chose not to respond to statement D.3 on the awareness scale; two additional respondents were not aware of this regulation. The remaining 23 administrators were "fully aware" that a day care centre was required to have a separate isolation room to provide proper care for children who were ill. A proper isolation room was provided by 17 of the 27 administrators.

D.4 A health record is completed at the time of the child's enrolment and records are checked and updated at a minimum every 6 months.

The data revealed that one administrator did not respond to this question and the remaining 26 were "fully aware" of the regulation that a health record for each child had to be completed and maintained. Twenty-four of administrators made it a practice to maintain health records for each child attending their centre.

D.5 Health records include immunization record, physician's name, Alberta Health Care Registration number, allergies, diet restrictions, medical information, special health needs, any history of serious illness.

Data in Table 18 for statement D.5 show that all administrators, (27/27) were cognizant of the information that was required to be recorded on the health record of each child. On the practice scale, one administrator did not respond to this question while the remaining 26 administrators indicated through their response that they made it a practice to follow the mandate of this regulation.

D.6 The enrolment records of which the health and immunization record is a part, is kept on file at the facility for a minimum of 2 years past plus the current year.

Analysis of data in Table 18 for D.6 indicate that two administrators were unaware of this aspect of record keeping, the remaining 25 administrators were "fully aware" of the regulation that health records were to be kept for a minimum of two years. In practice, two of the administrators failed to respond to this question. The remaining 25 participating administrators responded that they "always" practiced the regulation of retaining health records for two years.

D.7 Daily attendance records include the child's name and the daily time of arrival and departure immediately as it occurs.

Data in Table 18, D.7, held consistent on the awareness scale for this statement, 27/27 administrators were "fully aware" of their responsibility for recording information that was required on the daily attendance records of children attending their day care centre. On the practice scale, data show that one administrator chose not to respond, one administrator followed the practice of "occasionally" taking daily attendance both for the arrival and departure of children, and 25 of the administrators "always" made it a practice to take children's attendance including the time they arrived and the time they departed from the day care centre.

Play and Space

The type of play and the amount of space required in a day care centre has a minimum standard set by a regulation in order to foster developmental processes of the child's physical, mental, and social growth.

Aministrators were asked to reply to four regulatory statements that were concerned with play and space. Data collected with these four statements were used to organize Table 19.

Table 19

Administrator Ratings: Play and Space

N = 27

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
E.1 Furnishings and equipment maintained in good repair	1	1	0	26	27	0	0	6	21	27
E.2 Day care staff inspect equipment daily	3	1	3	20	27	2	1	9	15	27
E.3 Outdoor play space adjacent to centre or within safe walking distance	0	0	0	27	27	1	0	0	26	27
E.4 Outdoor space has shaded area	1	1	0	25	27	0	1	3	23	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3= fully aware	3 = always

E.1 All furnishings and equipment are maintained in good repair and are free from sharp, loose or pointed parts.

Findings show that 26 of the 27 participating child day care administrators were "fully aware" of the regulation that called for proper maintenance of furnishings and equipment that were used by the children of the centre when these children were at play. Six of the 27 administrators "occasionally" practiced this regulation, while the remaining 21 made it a practice to "always" have the furnishings and equipment of their centre properly maintained for the children to use and play with.

E.2 Day care staff inspect equipment daily and prior to use by children.

Of the 27 centre administrators, three chose not to respond to this statement on the awareness scale; one was "not aware" of this regulation, three were "somewhat aware" that staff were responsible to inspect equipment of the centre on a daily basis. Twenty were "fully aware" that their staff had the responsibility for the daily inspection of play equipment before the children were permitted to use that equipment. On the practice scale, two administrators did not respond, one never practiced this procedure, nine practiced it on an occasional basis and just over one-half of the administrators (15) "always" made it a practice to have staff perform a daily inspection of equipment prior to use of the equipment by the children.

E.3 Outdoor place space is adjacent to the centre or is within easy and safe walking distances.

The 27 administrators through their rating indicated they were "fully aware" that outdoor play space for children in the day care centre they administered could easily be reached by the children attending the centre. Of the 27 administrators, 26 made it a practice to ensure that outdoor play space was in proximity that was close to the day care centre.

E.4 All outdoor space has a shaded area.

The results show that on the awareness scale one administrator did not respond to this statement, that one administrator was unaware of this regulation and the remaining 25 administrators were "fully aware" of the regulation that the outdoor play space for attending children was to have a covering to provide shade for children at play.

At the opposite end of the continuum, one administrator never practiced this regulation; three administrators put this regulation into practice some of the time and 23 administrators "always" made it a practice to provide a shaded area for children who attended their day care centre.

Sleeping Arrangements

Establishing proper sleeping routines and patterns are essential to the future development of children. Each day care centre is responsible for providing a suitable environment that is conducive to rest during certain periods while the child is attending day care.

Minimum requirements for sleeping arrangements are found in the _Day Care Programs Licensing Policy Manual_ (1987) and were used as a base for the six administrator statements that appear in the research instrument under the title of Sleeping Arrangements. Data collected with this section of the questionnaire can be found in Table 20.

Table 20

Administrator Ratings: Children's Day Care Sleeping Arrangements

N = 27

	Regulation	Rating									
		Awareness					Practice				
		0	1	2	3	Total	0	1	2	3	Total
F.1	Separate crib for child under 19 months	6	2	0	19	27	5	2	0	20	27
F.2	Cot/bed/sleeping mat of suitable size provided child 19 months of age or older	1	0	0	26	27	0	0	0	27	27
F.3	Double deck/ multiple beds not used with children under 6	2	0	0	25	27	1	4	0	22	27
F.4	Cribs/beds/mats, 0.5 metres apart when used	1	0	1	25	27	0	0	2	25	27
F.5	Cribs, playpens allow visibility/ air circulation on two sides	6	1	0	20	27	5	1	0	21	27
F.6	Cribs maintained in accordance with requirements of Federal regulations	5	1	0	21	27	6	1	0	20	27

0 = no response
1 = not aware
2 = somewhat aware
3 = fully aware

0 = no response
1 = none
2 = occasionally
3 = always

F.1 A separate crib is provided for every child under 19 months of age.

Not all of the 27 participating administrators could respond to some of the regulations that were part of the section on Sleeping Arrangements. Some of the facilities did not register infants or toddlers under the age of 19 months in the day care centre they administered. Findings from this statement indicate that two of the participants were unaware of this regulation while 19 were "fully aware" that a separate crib was needed for every child under 19 months of age. In total, the practice rate was fairly congruent with the awareness rate.

F.2 Cot/bed/sleeping mat of suitable size is provided for every child 19 months of age or older. Suitable size means long enough so that neither the child's feet or head extend past the ends, wide enough so that the child can easily turn over without falling off.

The results show that of the 27 respondents, 26 administrators were aware of the standard set for the size of the sleeping mat for children 19 months or older. All 27 respondents "always" made it a practice to provide cots/bed/mats of suitable size for each child who was above 19 months of age who attended their day care centre.

F.3 Double deck or multiple beds are never used for children under the age of 6.

Data in Table 20 show there were two administrators who did not respond to this question on the awareness scale. On this scale there were 25 administrators who were "fully aware" that they were not to use multiple tier beds with children under the age of six. In practice, one of the 27 administrators did not respond to the question; four administrators indicated that they never practiced this regulation and 22 administrators made it a practice to never use double deck or multiple tier beds with children who are under the age of six years.

F.4 When in use cribs, beds and mats are at least 0.5 metres apart.

Findings from Table 20 show that there is a congruence between the awareness and practice scale for the distance that administrators place sleeping accommodations of children in their day care centre. Twenty-five of the 27 administrators were "fully aware" of the regulation that sleeping accommodations had to be 0.5 metres apart. An equal number of administrators, 25 made it a practice to adhere to this the regulation.

F.5 Every crib and playpen allows for visibility and air circulation on at least two sides.

The results of the study show that six of the 27 administrators did not respond to this statement on the awareness scale. On that scale one administrator was unaware that the policy existed. Twenty of the administrators were "fully aware" of the policy concerning visibility and air circulation of cribs and playpens on two sides that were used to house infants and toddlers who attended their day care centre. Findings on the practice scale show that five administrators did not respond to this statement, and one never put the regulation into practice, while 21 of the administrators did make it a practice of providing cribs and playpens that allow visibility and for air to circulate on two sides.

F.6 All cribs are maintained in accordance with all requirements under the Federal Cribs and Cradle Regulations.

The results of the survey presented in Table 20 show that five administrators chose not to respond to this statement on the awareness scale, while six administrators did not respond to the same statement on the practice scale. One administrator was unaware of the regulation and one administrator did not practice it. There were 21 administrators who were "fully aware" that all cribs in their day care centre were to be maintained in accordance with all the requirements stated under the Federal Cribs and Cradle Regulations.

Field Trips

Concern for the safety of children in the day care centres in all their activities is paramount for those who either administer or offer services to children attending a day care centre. Provisions for transportation of children on field trips must comply with the Motor Transport Act administered by the Alberta Solicitor General. Added to this, provisions must be made for any emergency situations that might occur on such a trip. The administrative primary caregivers were asked to respond to one statement with regard to field trips.

Table 21

Administrator Ratings: Children's Day Care Field Trips

N = 27

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
G.1 Purpose, goal, plan of activity, outlined in writing	0	1	1	25	27	1	1	7	18	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

G.1 The purpose, goal and overall plan of activities is outlined in writing.

Findings show that 25 administrators were "fully aware" of the regulation that the purpose, goal and overall plan of activities for a field trip were to be outlined in writing. Eighteen of the 27 administrators made it a practice to plan for field trips by putting their goal and overall plan in writing.

Discipline

It is the responsibility of the staff in every day care facility to discuss methods of disciplinary action with the parents of each child in attendance at the day care facility. It is recommended that each facility have a written discipline policy and that each parent receive a copy when the child is registered at the point of entry.

Table 22

Administrator Ratings: Children's Day Care Discipline

N = 27

Regulation		Awareness					Practice				
		0	1	2	3	Total	0	1	2	3	Total
H.1	Document maintained indicating discipline	1	0	0	26	27	2	0	0	25	27
H.2	Discipline corresponds to kind, judicious parent	2	0	0	25	27	3	0	0	24	27
H.3	Operator ensures discipline policy followed at all times	1	0	0	26	27	2	0	2	23	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

The research findings indicated that a high number of the administrators (26/27) who participated in this study were aware and (25/27) "always" practiced maintaining a discipline policy of the facility in which they were employed.

H.2 The discipline used at the day care centre corresponds to that of a kind, firm and judicious parent.

Data in Table 22 show that two administrators on the awareness scale and three administrators on the practice scale did not respond to this statement. Twenty-five of the administrators were aware that the type of discipline to be used should be that of a judicious parent and 24 administrators "always" followed this dictum when disciplining a child.

H.3 The operator ensures that the discipline policy is followed at all times.

Evidence in Table 22 indicated that there was a small variance between full awareness (26/27) and full practice (23/27) for all administrators with regard to application of the discipline policy that was established for their centre.

Insurance

It is the responsibility of the operator to provide general liability insurance coverage for all those employed at and who provide care of children at a day care facility. In are data which show how administrators responded to two statements concerning general liability insurance coverage.

Table 23

Administrator Ratings: Insurance

N = 27

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
I.1 Operator provides generalliability insurance; covers staff and children	0	1	0	26	27	2	0	0	25	27
I.2 Proof of liability insurance coverage on premises at all times	0	2	2	23	27	3	0	2	23	27

0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

I.1 All staff and children in care have general liability insurance coverage provided for by the operator.

The majority of the administrators (26) were "fully aware" that the operator of a day care centre had to have general liability insurance to cover staff and children. Twenty-five administrators made it a practice to have this type of insurance coverage.

I.2 Proof of liability insurance coverage is on the premises at all times and includes company name, type and amount of coverage and effective dates of coverage.

Data in Table 23 show that two administrative participants were unaware, two were "somewhat aware" and 23 were "fully aware" that the operator of a day care centre had to have proof of liability insurance coverage with effective dates of coverage and that this information be on file on the premises at all times. Two of the 27 administrators "occasionally" followed this practice, while the majority, 23 administrators "always" practiced having liability insurance coverage on the premises of their day care centres at all times.

Emergency Information

Emergency information should be complete, current and readily available to those who may require access to pertinent information on children should an emergency arise at the day care centre. Respondents were asked to address two statements in this regard.

Table 24

Administrator Ratings: Emergency Information

N = 27

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
J.1 Staff aware, location of emergency records/cardex	0	0	0	27	27	1	0	0	26	27

Table 24 con't.

Administrator Ratings: Emergency Information

N = 27

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
J.2 Emergency numbers are posted beside the telephone	0	0	0	27	27	1	0	0	26	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

J.1 All staff are aware of the location of and have access to the emergency records and cardex.

Findings from Table 24 indicate that the 27 administrators were "fully aware" that their staff had to know the location of the emergency records of the centre. Twenty-six of these administrators made it a practice to allow staff to "always" have access to emergency records at the centre they administered.

J.2 Emergency numbers are posted beside the telephone (fire, police, hospital, poison information, ambulance, taxi, local health unit).

Research data found in Table 24 show that the 27 administrators were "fully aware" of this criteria and it was consistently practiced by 26 of these administrators.

Hazardous Products

Every day care facility shall comply with the Institutions Regulations under the jurisdiction of the Public Health Act in order to ensure an environment free of hazardous substances which may affect the children in their care. Participating administrators were asked to respond to one statement regarding hazardous products.

Table 25

Administrator Ratings: Hazardous Products/Day Care Centre

N = 27

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
K.1 Provide safe environment of factors that cause accidents; safe storage of hazardous substances	0	0	0	27	27	1	0	0	26	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

K.1 A safe environment is provided, free of known factors that may cause accidents or injury, including all safe storage of hazardous substances.

The research results found in Table 25 show 27 of the administrators were "fully aware" of this ruling and that 26 "always" made it a practice to provide a safe environment, free of known factors that may cause injury to the staff, or children in their care.

Nutrition

Balanced meals and snacks of adequate quantity shall be provided to children attending a day care centre and should be in accordance with the Canada Food Guidelines. Foods are to be properly prepared and served under sanitary conditions. Participating administrators were asked to address six statements with regard to their awareness and practice of nutritional standards at their day care facility.

Table 26

Administrator Ratings: Nutritional Standards - Children

N = 27

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
L.1 Medical authorization obtained; special dietary requirements	0	1	1	25	27	1	1	1	24	27
L.2 Operator has responsibility to monitor, ensure children receive adequate amount and variety of foods	1	0	0	26	27	0	1	0	26	27
L.3 Menus planned, posted one week in advance	1	0	0	26	27	0	0	1	26	27

Table 26 con't.

Administrator Ratings: Nutritional Standards - Children

N = 27

Regulation	Awareness 0	Awareness 1	Awareness 2	Awareness 3	Awareness Total	Practice 0	Practice 1	Practice 2	Practice 3	Practice Total
L.4 Menus list all meals, snacks, beverages	1	0	0	26	27	0	0	1	26	27
L.5 Menus are varied daily, not repeated more than twice per month	2	1	0	24	27	1	1	2	23	27
L.6 Children's eating utensil; size, shape, easily handled	1	0	0	26	27	0	0	0	27	27

0 = no response
1 = not aware
2 = somewhat aware
3 = fully aware

0 = no response
1 = none
2 = occasionally
3 = always

L.1 Medical authorization is obtained for special dietary requirements.

Data in Table 26 show that one of the 27 participating administrators was "not aware" of this policy, that another administrator was "somewhat aware" and 25 were "fully aware" that they had to have medical authorization for children with special dietary requirements. Of the 27 administrators, 24 practiced putting this policy into effect in the day care centre they administered.

L.2 The operator assumes the responsibility to monitor and ensure that all children in this facility receive an adequate amount and proper variety of foods while attending the day care centre.

In Table 26 are data which reveal that of the 27 participating administrators, 26 were "fully aware" that it was their responsibility to make certain that children in their day care centre received an adequate amount of a proper variety of food. Similarly, of the 27 administrators, 26 "always" made it a practice to monitor the amount, type and variety of food served to children in their day care centres.

L.3 Menus are planned and posted one week in advance.

Research findings found in Table 26 show that the same number of administrators, 26, were "fully aware" and "always" practiced planning and posting menus one week in advance so that staff and parents could see the type of food to be served.

L.4 Menus list all meals and snacks served including beverages.

Research evidence show that 26 administrators were "fully aware" of and "always" made it a practice to list on the menus for all meals, snacks and beverages that were to be served.

L.5 Menus varied daily and not repeated more than twice per month.

With regard to this policy, data from Table 26 indicate that 24 administrators were "fully aware" that a menu could not be repeated more than twice per month. Twenty-three participating administrators made it a practice to follow this regulation.

L.6 All children's eating utensils are of a size and shape easily handled by each child.

Data show that although 26 of the participating administrators were "fully aware" of this policy, all of the 27 made it a practice to ensure that children's eating utensils were of a size and shape that was appropriate for each child in their day care facility.

First Aid Staffing

Provisions must be made for an illness and for emergency first aid in day care centres, and as such, it is recommended that all staff have current first aid training to ensure coverage at all times. Administrators were requested to address one regulation in this regard.

Table 27

Administrator Ratings: First Aid Staffing

N = 27

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
M.1 One staff member holds valid first aid certificate (acceptable to Director) at day care facility at all times when children present	1	1	0	25	27	1	0	1	25	27

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

M.1 At least one staff member who holds a valid first aid certificate (acceptable to the Director) is at the day care facility at all times when children are present.

Evidence points to fair comprehension of this regulation. Only one administrator of the participating population was unaware, while 25 of that group were "fully aware" that one staff member must hold a valid first aid certificate while at a day care facility when children are present. An equal number (25) of administrators adhered to this policy by practicing it on a day-to-day basis.

Staffing Ratios - Day Care Centres

The regulations that govern day care centres are very explicit on the ratio of staff to children. The staff ratio increases as the children's age decreases.

> 35 (1) Subject to this section, a licence holder for a day care centre shall ensure that the following minimum primary staff member to children ratios, and the maximum number of children who may be included in a group, in a day care centre are in effect at all times.

Age of Children	Primary Staff Member/Children Ratio	Maximum Number of Children in a group
Under 13 months	1:3	6
13 months or over, but under 19 months	1:4	8
19 months or over but under 3 years	1:6	12
3 years or over, but under 4 1/2 years	1:8	16
4 1/2 years or over	1:10	20

(Social Care Facilities Licensing Act Day Care Regulation (Alberta Regulation 333/90, pp. 15-16)

Using the above format, administrators were asked to complete the minimum primary staff members to children ratios which were in effect at all times at their day care centre.

The data collected to determine the minimum child/staff ratios at each facility, are described by using the following format in Table 28.

Table 28 shows number of administrators adhering to each category of regulations.

Table 28

Administrator Ratings: Minimum Child/Staff Ratios

N = 27

Regulation	Rating											
	Number of Staff											
	0	1	2	3	4	5	6	7	8	9	10	Total
Child's Age												
N.1 Under 13 months Staff Ratio 1:3	6	0	0	21	0	0	0	0	0	0	0	27
N.2 13 months or over, but under 19 months Staff Ratio 1:4	6	0	0	7	13	0	1	0	0	0	0	27
N.3 19 months or over, but under 3 years Staff Ratio 1:6	2	0	0	0	1	3	20	0	1	0	0	27
N.4 3 years or over, but under 4 1/2 years Staff Ratio 1:8	2	0	0	0	0	0	1	0	24	0	0	27
N.5 4 1/2 years or over Staff Ratio 1:10	2	0	0	0	0	0	0	0	7	0	18	27

0 = no response
1 = 1:1 ratio
2 = 1:2 ratio
3 = 1:3 ratio
4 = 1:4 ratio
5 = 1:5 ratio
6 = 1:6 ratio
7 = 1:7 ratio
8 = 1:8 ratio
9 = 1:9 ratio
10 = 1:10 ratio

N.1 Under 13 months
Staff Ratio 1:3

Evidence in Table 28, N.1 show that 21 administrators followed a primary staffing ratio of 1:3 for infants under 13 months of age in their day care centre. It is also apparent that six administrators did not respond to this statement on child staff ratios for infants under 13 months.

N.2 13 months or over but under 19 months
Staff ratio 1:4

An analysis of data found in Table 28 show that six administrators chose not to respond to this statement of child staff ratios for infants 13 months or over but under 19 months of age. Other conclusions on this statement were: seven administrators employed a child staff ratio of 1:3, and one administrator employed a ratio 1:6 for infants 13 months or over but under 19 months of age in their day care centre.

N.3 19 months or over but under 3 years
Staff ratio 1:6

Findings of Table 28, for this regulation show that two administrators failed to respond to the question of child staff ratios for children aged 19 months or over but under 3 years. One administrator employed a ratio of 1:4 primary caregivers; three administrators employed a ratio of 1:5; 20 administrators employed a ratio of 1:6 and finally, one administrator employed a ratio of 1:8 primary caregivers to be responsible for children aged 19 months or over, but under 3 years in their day care facility.

N.4 3 years or over, but under 4 1/2 years Staff ratio 1:8

The results for the age group of 3 years or older but under 4 1/2 years in Table 28 indicate the following child staff ratios: one administrator employed a 1:6 ratio; 24 administrators employed 1:8 ratio; and two administrators did not respond to the statement of rating their child staff ratios for children 3 years or over but under 4 1/2 years of age in their day care centres.

N.5 4 1/2 years or over Staff ratio 1:10

Data show that two administrators failed to respond to the regulation indicating that the child staff ratio for children age 4 1/2 years old or more must be a minimum of 1 staff to 10 children. This regulation was improved on by 7 administrators who indicated a child staff ratio of 1:8 for the 4 1/2 years or older group of children. Eighteen administrators followed the regulation by employing a 1:10 child staff ratio for children in the 4 1/2 years or older group in the day care facility that they administered.

In conclusion the findings indicate an overall general adherence to minimum child to staff ratios. Delinquencies were noted by one administrator in the 13 months or over but under 19 months age group where the child staff ratio was 1:6

instead of the regulation minimum of 1:4 for this age group. The other delinquency occurred in the 19 months or over but under 3 years age group where one administrator employed a child staff ratio of 1:8 rather than the mandatory 1:6 ratio for this age group.

Administrative Responsibilities

Administrators were asked to briefly describe their views on relevant topics with regard to the administration of their day care centre. Twenty of the 27 administrators responded in writing to the 10 statements made concerning their administrative responsibilities in the day care centre in which they were employed.

1. Recruitment of Personnel - The majority of the administrators stated that hiring "suitable personnel" was the key to any recruitment program for day care centres. Most of the job applicants were recruited from newspaper advertisements and the main problem was not hiring, but was retaining competent staff, largely due to the low salaries that were paid to the caregivers.

2. Supervision of Personnel - The general responses to this statement was that staff were observed and supervised on a regular, on-going basis. However, there were a few statements by some administrators that reflected a more negative view. For example, "It is like babysitting at times, due to no standards for qualifications", while another administrator

stated, "This is sometimes tiring as there are so many different needs to be met".

3. Budget Planning - Pertinent responses to this statement included the following comments: "Sometimes difficult to balance the budget in meeting the needs of children". "Cut backs and G.S.T. (Goods and Services Tax) make it hard to budget". "Our budget is decreasing while expenses are increasing; I foresee many problems in the near future".

Most of the administrators stated it was the owners of the day care centres who planned the budgets for their centres and not them.

4. Meal Planning - This statement rated a neutral response throughout as there were no apparent problems in meeting the Canada Food Guidelines.

5. Medical Care - Although there were some exceptions, several responses to this statement indicated some dissatisfaction with the parents sending sick children to day care; this was countered with the ensuing problem of trying to locate the parents when a sick child needed to be sent home.

6. Program Planning - This statement brought forth administrator responses such as the following: "Constant focus on change". "It's the weekly responsibility of the room supervisor". "Sometimes is neglected, but activities are still done". "Programs are planned in accordance with the criteria of the Social Services manual and discussed with staff". "Should be done at the beginning of the year to

provide for a good variety of interesting activities". "Program planning is done according to the theme of the month".

7. Maintaining Records - The majority of the responses to this statement indicated that the records were maintained at the Head Office or in a central file. Other administrators stated that all records were kept up to date on a regular basis; however, one administrator stated that this task was looked after by the desk staff who do not cover ratios when attending to office matters.

8. Disciplinary Procedures - This statement elicited some of the following responses: "Parents need to take more responsibility for their children's behaviour." "It is very sad that our training institution uses a policy in conflict with our policy . . . they use time out excessively, and also demean the child". "Staff may be dismissed if they should ever slap, shake or otherwise abuse a child, we explain lovingly why the action is unacceptable".

9. Parental Pressure - Responses to this statement varied from "good communication" and "great parents" to "difficult to deal with at times, we are a support to parents, not a substitute", "parents tend to place the responsibility of rearing their children on the caregivers; they need to become more responsible for their children" and finally, one administrator suggested that "dealing with parental pressure was the toughest part of the job".

10. Compliance with Guidelines - Although most of the administrators felt that the guidelines were closely adhered to, this statement prompted a variety of other responses which included some of the following viewpoints:

"There is complete compliance with the guidelines except in the areas of menu planning, art supplies, and the amount of toys available. I believe that this is the result of lack of funds due to low enrolment, which in turn is due to the poor economy".

"Compliance is not the correct word - we are policed, ordered and punished for any infractions. Alberta is now a `police state' - I'm getting out very soon. Daycare is going to get a lot worse before it gets better".

"Guidelines can be exhausting - especially with changes in licensing officers - what was okay with one officer, suddenly isn't with the new one".

"Guidelines! What guidelines? Guidelines need to be better defined so that they are not prey to the subjectivity of interpretation of the reader".

"We as operators need to have more input and should be consulted <u>before</u> new regulations are implemented".

Primary Caregivers

Part 1

An Analysis of Response to the Questionnaire

The instrument that was designed to collect data from primary caregivers was fully described in the instrument section of the first chapter. It will be recalled from that section that in addition to the instrument for Administrative Primary Caregivers, an instrument was specifically designed for Primary Caregivers. These were personnel who were responsible for providing a continuum of quality child care to children on an on-going basis as an employee in a licensed child day care facility. Consequently, to fulfill that mandate, Primary Caregivers were responsible for following the specific regulations and policies found in the 1987 issue of the Day Care Programs Licensing Policy Manual of Alberta, a publication of the Provincial Department of Social Services.

Recent legislative up-dates to the manual in the form of "Information Bulletins" that have been approved by the provincial government since this manual was issued, were not used in this study. The prime reason for not including these new legislative revisions to the manual in the research was due to the transitional nature of these policies and regulations. During the time frame of this study, 1990 - 1992, a new policy manual was being prepared by the Department of Social Services, it had long been anticipated that the revised manual would be approved near the beginning of this study. To date this has not happened.

Data collected with the Primary Caregivers questionnaire were used to organize the tables in this section of the report. In Table 29 are data which show that 123 Primary Caregivers were employed in the 27 day care centres located in different quadrants of the city.

Table 29

Number of Primary Caregivers Involved in the Study

N = 123

Quadrant	Number	
	Centres	Caregivers
North-east	8	39
North-west	5	18
South-east	5	17
South-west	9	49
Total	27	123

Similar to the problem with the administrative primary caregivers, one of the variables that was not taken into account when the design of this study was formulated was the number of primary caregivers employed in each day care centre. The number could be reflected by the high rate of turn over among primary caregivers making an actual account indeterminable for the researcher. Another factor that had to be taken into consideration was the degree of freedom that primary caregivers were given when responding to the instrument. Participation in the study was strictly voluntary, any caregiver was free to decline or withdraw, at any time, without prejudice.

Part 1

This portion of the research instrument was used to collect background information on the 123 primary caregivers involved in the investigation. To determine the age of the caregivers the following question was asked.

1. What is your age?

1. 16-17 years [ ]
2. 18-19 years [ ]
3. 20-24 years [ ]
4 25-29 years [ ]
5 30-40 years [ ]
6. Over 41 years [ ]

Table 30

Age of Primary Caregiver

N = 123

Age	Participants	
	No.	%
16-17 years	1	0.8
18-19 years	15	12.2
20-24 years	33	26.8
25-29 years	20	16.3
30-40 years	29	23.6
Over 41 years	25	20.3
Total	123	100.0

Of the caregivers surveyed, the majority (26.8%) were between the ages 20 to 24. This group was closely followed by those with an age range between 30 and 40.

For those over the age of 30, it was evident that as the age of caregiver increased there was a decrease in the number of caregivers. There were 29 caregivers whose age ranged between 30 - 40 years of age and 25 who were over 41 years of age.

To determine the gender of the caregivers involved in the research they were asked to respond to the following statement:

2. What is your gender?

1. Male [ ]
2. Female [ ]

Table 31

Gender of Primary Caregiver

N = 123

Gender	Participants No.	Participants %
Male	0	0
Female	123	100.0
Total	123	100.0

Data in Table 31 indicate that all of the 123 participating primary caregivers were female. It is apparent from these data that the occupation of child caregiver in a day care centre, like that of the child care administrator, is female dominated and that the occupation is female gender specific at both levels.

The marital status of the primary caregiver was defined as single or married. Single status was further delineated as being separated, divorced or widowed, while the term married referred to those who were cohabiting with a spouse in either a common law relationship or a bonafide marriage. Question three was written to collect that kind of information.

3. What is your marital status?

1. Single [ ]
(Separated/Divorced/Widowed)
2. Married [ ]
(Common Law)

Table 32

Marital Status of Primary Caregiver

N = 123

Marital Status	Participants	
	No.	%
No response	1	0.8
Single (Separated, Divorced Widowed)	56	45.5
Married (Common Law)	66	53.7
Total	123	100.0

Data in the above table show that 66/123, or 53.7%, of the participants were married which included those primary caregivers who were a member of a common law relationship or a formal marriage. The remaining 56, or 45.5% of the participants indicated their marital status to be single.

An analysis of the data collected with the statement "How many children do you have?" showed the minimum and maximum number of children that the primary caregivers had at the time that the study was done.

4. How many children do you have? ______________

Table 33

Primary Caregiver: Number of Children

N = 123

No. of Children	Participants	
	No.	%
None	56	45.5
1	27	22.0
2	22	17.9
3	11	8.9
4	3	2.4
5	1	0.8
6	1	0.8
8	1	0.8
11	1	0.8
Total	123	100.0

In Table 33 the data show 45.5% of all participating caregivers were childless, 22% had a single child, 17.9% had two children, 8.9% had three children respectively, 2.4% had four children and a further 0.8% each had five, six, eight and 11 children. The percentage of caregivers with no children was in the majority which doubled those who had only one child. The highest number of children that any primary caregiver had was 11.

Through question 5 primary caregivers were asked to identify the highest level of educational achievement they attained. On the research questionnaire this question asked.

5. What is the highest level of of schooling you have completed?

1. Some grade school [ ]
2. High School Diploma [ ]
3. College of technical school or diploma [ ]
4. University degree [ ]

Table 34

Primary Caregiver: Education Level Achieved

N = 123

Highest Level of Education	Participants	
	No.	%
No response	1	0.8
Some grade school	18	14.6
High school diploma	50	40.7
College or technical school diploma	38	30.9
University degree	16	13.0
Total	123	100.0

Data collected with this question were used to organize Table 34. These data show that 50 of the 123 caregivers who responded graduated from high school with a diploma. There were 38 of the 123 caregivers who received a diploma from either a community college of a technical institute. Of the 123 primary caregivers 16 had a university degree, while 18 had some education at the grade school level.

To determine the length of time that primary child caregivers were employed they were asked to respond to this question:

6. **How long have you worked in the field of Child Care?**

1. Less than 6 months [ ]
2. 6 - 12 months [ ]
3. 13 - 23 months [ ]
4. 2 - 5 years [ ]
5. More than 5 years 1 month [ ]

Table 35

Primary Caregiver: Child Care Employment

N = 123

Employment Period	Participants	
	No.	%
No response	1	0.8
Less than 6 months	7	5.7
6 - 12 months	14	11.4
13 - 23 months	13	10.6
2 - 5 years	50	40.7
More than 5 years 1 month	38	30.9
Total	123	100.1[1]

[1] Percentage is greater than 100 because of rounding.

Almost one-half, 50 of the 123, primary caregivers, or 40.7%, worked in the field of child care between two and five years. There were 38, or 30.9%, of the research sample of primary caregivers who worked in the field more than five years. These two groups represented 70.6% of the primary caregiver cohort.

To establish the length of time that each caregiver had worked at their present place of employment question 7 asked:

7. How long have you worked at this Day Care Centre?

1. Less than 6 months ☐
2. 6 - 12 months ☐
3. 13 - 23 months ☐
4. 2 - 5 years ☐
5. More than 5 years 1 month ☐

Table 36

Time: Caregiver Employed Present Day Care Centre

N = 123

Length of Service	Participants	
	No.	%
Less than 6 months	33	26.8
6 - 12 months	21	17.1
13 - 23 months	18	14.6
2 - 5 years	31	25.2
More than 5 years 1 month	20	16.3
Total	123	100.0

Data in Table 36 indicate that approximately one-quarter (33/123) of the participating caregivers worked at their present place of employment either less than six months (26.8%) or had been there between two and five years (25.2%). The lowest number of caregivers who were employed at their present daycare from 13 up to 23 months was 18 or 14.6%.

It is evident from data in this table that when the study was conducted the greatest number of primary caregivers were employed at their present day care centre for less than six months.

To determine the future career plans of primary caregivers the following question was asked:

8. What are your plans for employment in the future?

1. No plans [ ]
2. Continue to work in the Child Care field [ ]
3. Seek employment in another field [ ]

Data collected with this statement appeared in the following table.

Table 37

Primary Child Caregiver: Future Career Plans

N = 123

Future Plans	Primary Caregiver	
	No.	%
No response	5	4.1
No plans	21	17.1
Continue to work in the child care field	78	63.4
Seek employment in another field	19	15.4
Total	123	100.0

Data in Table 37 reveal that well over one-half, or 78 of the 123 (63.4%) participating primary caregivers, planned to continue working in the field of child care. Approximately one-fifth, 19/123, (15.4%) of the caregivers indicated a desire to seek employment in another field. There were five members of the research sample who elected not to provide the data that was requested.

The major role performed by primary caregivers in the day care centre where they were employed was identified through the use of this question:

9. **What is the major role you play in a child's life, at the Day Care Centre?**

1. Supervise (Monitoring)	[ ]
2. Education (Facilitating)	[ ]
3. Foster mothering (Child Care)	[ ]
4. Custodial (Cleaning)	[ ]
5. Other (Please explain)	

Table 38

Primary Caregiver's: Major Role in Day Care Centre

N = 123

Major Role	Primary Caregiver	
	No.	%
Supervise (Monitoring)	31	25.2
Education (Facilitating)	29	23.6
Foster mothering (Child Care)	47	38.2
Custodial (Cleaning)	3	2.4
Other (Please explain)	13	10.6
Total	123	100.0

In Table 38 are data which show the majority of caregivers, 47/123, or 38.2%, felt the major role they played in a child's life in the day care centres where they were employed was that of a foster mother. Other important roles that the participants identified in rank order were: monitoring children (31/123), 25.2%, and facilitating education (29/123), 23.6% Only three caregivers, or 2.4%, stated that their major role was custodial in nature. The 13 respondents who completed the "other" category included a combination of all of the roles that were listed, with none taking precedence.

An examination of the degree of satisfaction that each participating caregiver experienced is indicated in Table 39. There are a number of factors which affect the overall quality of the program offered in a day care facility. To assess the level of satisfaction that the respondents had with these factors they were asked to respond to the following question:

10. How satisfied are you with the following factors in the day care centre?

Please place a (√) in the most appropriate column for each factor below.

	1	2	3
	Satisfied	Neutral	Unsatisfied
Space (indoor/outdoor)			
Ventilation			
Lighting			
Heat (temperature)			
Cleanliness			
Safety			
Equipment and toys			
Discipline of Children			
Staff-child ratio			
Salary			
Status			
Training (in service)			
Advancement			

Other (Please explain)

Table 39

Primary Caregiver: Unranked Data Level of Satisfaction

N = 123

Factor at Centre	Level of Satisfaction			
	0	1	2	3
Space (indoor/outdoor)	4	65	32	22
Ventilation	0	68	32	23
Lighting	0	89	23	10
Heat (temperature)	1	83	29	10
Cleanliness	2	87	22	12
Safety	1	95	22	5
Equipment and toys	0	67	29	27
Discipline of children	2	84	29	8
Staff-child ratio	2	76	31	14
Salary	5	20	32	66
Status	10	52	40	21
Training (in service)	10	57	34	22
Advancement	34	31	40	18

Other (Please explain)

Satisfiers
- ability of staff to usually discuss problems through resolution
- caring, sharing staff
- excellent directors

Dissatisfiers
- overworked, underpaid, and no salary increases
- lack of money for needed materials and proper food
- inadequate inspection procedures
- lack of status and respect and often verbally abused by the children

0 = no response
1 = satisfied
2 = neutral
3 = unsatisfied

Data in Table 39 show the three levels of satisfaction the participants had with the factors listed. Data from question 10, Part 2 on the questionnaire were used to prepare Table 40 with the neutral column and no response column omitted. The highest level of satisfaction and dissatisfaction were determined by the number of caregivers who indicated they were either "satisfied" or "dissatisfied" with a particular factor. In rank order, level of satisfaction and dissatisfaction for each is shown in the following table:

Table 40

Primary Caregiver: Rank Order - Level of Satisfied/Unsatisfied

N = 123

Satisfied		Unsatisfied	
Factor	No.	Factor	No.
Safety	95	Salary	66
Lighting	89	Equipment	25
Cleanliness	87	Ventilation	23
Discipline	84	Training	22
Heat	83	Space	22
Staff/Child ratio	76	Status	21
Ventilation	68	Advancement	18
Equipment/toys	67	Staff/Child ratio	14
Space	65	Cleanliness	12
Training	57	Heat	10
Status	52	Lighting	10
Advancement	31	Discipline	8
Salary	20	Safety	5

Safety of the children in the day care centre was ranked the highest by 95 of the 123 participants who were satisfied with this factor. Five participants were unsatisfied with elements of safety in the day care centres in which they worked. Conversely, only 20/123 of the surveyed group were satisfied with the salary they received; this factor ranked lowest on the satisfaction scale and highest on the unsatisfied scale. More than one-half (66/123) of the caregiver population expressed dissatisfaction with the salary they earned in this occupation, while no other factor was rated higher. Although the factors of advancement and status were rated low on the satisfaction scale, 31/123 and 52/123 respectively, these factors did not receive the same ranking on the dissatisfaction scale.

Primary caregivers were asked to write other comments that they wished to make in regard to their satisfaction/dissatisfaction with the factors of the day care centre in which they were employed. Thirty-three of the 123 primary caregivers wrote some of these other factors.

Ten of the participating caregivers responded favourably to the statement of being satisfied with the conditions at their day care centres. However, in spite of this satisfaction with the facility, two of these caregivers felt that they deserved better pay and that it was the staff, not the management, nor the environment, that created a satisfactory work place for the caregivers involved at their centre.

Those primary caregivers (23) who expressed dissatisfaction with the factors of the centre where they were employed were unsatisfied for various reasons. Among the main reasons, according to priority by frequency, were monetary reasons which included caregiver salaries and funding for the centre; second, was the lack of recognition and status. Several caregivers felt that their employers were in the daycare business for profit alone. One caregiver stated, "This centre definitely does not see much money input (equipment, supplies, field trips, staff hours) and the strength of the centre is from a group of staff who genuinely care for the children in their care". One caregiver summarizes what several other caregivers expressed, "Since this is a profit centre, money is always the main issue. Basic supplies such as crayons, kleenex, puzzles (with all the pieces) and library books are never available. The food is always greasy and not very palatable". This caregiver adds that the requirements of the Canada Food Guide and Licensing are being met -on paper - but the children are not getting enough variety or quantity of food. "Most attention is directed toward making parents happy rather than focusing on the proper growth and development of their children".

Other caregivers stated that they had excellent directors. However, the directors were restrained in what they were allowed to do "because the owners leave a lot to be desired".

Two caregivers stated that they were guaranteed a salary increase within six months of employment, yet two and one-half years later, in spite of constantly reminding their employers of this, they still had not received an increase in pay. This was also indicative of other caregiver's situations.

Another dissatisfying factor was with the monitoring done by inspectors "who never ask what is being taught in the centre, and never take any note of the toys, equipment, books or what is really going on in the centre".

Other expressions caregivers volunteered: "Everyone has received different training, there is no universality". "Children are increasingly becoming more verbally abusive to the caregiver." "Most caregivers cannot afford to stay in childcare even if they love it". "Caregivers are totally overworked and grossly under paid".

Primary Caregivers

Part 2

Part 2 of the questionnaire consisted of these 10 subsections: Sleeping Arrangements, six questions; Play and space, two questions; Programming standards, two questions; Field Trips, five questions; Discipline, one question; Emergency Information, two questions; Fire Regulations, one question; Health Standards, 19 questions;

Nutrition, 10 questions; and First Aid Staffing, one question. Except for a series of different questions, the structure of Part 2 on the instrument was similar to the structure of Part 2 on the instrument that was used with the administrators. The similarity between Part 2 of both instruments was the "Awareness" and "Practice" scales, each with three choices. The three choices for the "Awareness" scale were: "Not aware", "Somewhat aware", and "Fully aware". The "Practice" scale had these choices: "None", "Sometimes" and "Always".

Sleeping Arrangements

Primary caregivers who were involved in the study were asked to respond to six statements using the above rating scales to determine the sleeping arrangements in the centres in which they were employed.

Table 41

Primary Caregiver Ratings: Sleeping Arrangements in Participating Day Care Centres

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
A.1 A separate crib for each child under 19 months	9	3	3	108	123	16	4	5	98	123

Table 41 con't.

Primary Caregiver Ratings: Sleeping Arrangements in Participating Day Care Centres

N = 123

Regulation	Awareness 0	Awareness 1	Awareness 2	Awareness 3	Awareness Total	Practice 0	Practice 1	Practice 2	Practice 3	Practice Total
A.2 Infants over 35 inches who can get out of the crib not placed in a crib	13	9	15	86	123	25	6	12	80	123
A.3 Cot/bed/sleeping mat of suitable size is provided child 19 months or older	7	3	3	110	123	9	0	6	108	123
A.4 Double deck or multiple tier beds not used with children under 6	10	16	7	90	123	15	29	2	77	123
A.5 Cribs, beds, mats, are 0.5 metres apart	6	5	8	104	123	7	3	26	87	123
A.6 Identifiable blankets provided not interchanged	5	2	2	114	123	5	1	4	113	123

0 = no response   0 = no response
1 = not aware   1 = none
2 = somewhat aware   2 = occasionally
3 = fully aware   3 = always

A.1 A separate crib is provided for every child under 19 months of age.

Analysis of the data in Table 41 show that 108/123 participating primary caregivers were aware of the regulation that a separate crib was to be provided for every child under 19 months of age. Of the 123 participants, 98 made it a practice to follow this regulation. Nine participants elected not to respond to the statement on the awareness scale and 16 on the practice scale.

A.2 Infants over 35 inches in height or infants who can get out of the crib by themselves are not placed in a crib.

Data in Table 41 reveal that 86 of the participating caregivers were "fully aware" of this regulation; while 80 stated that they made it a practice to follow the regulation in their work with children in the day care centre where they were employed.

A.3 Cot, bed, sleeping mat, of suitable size is provided for every child 19 months of age or older. Suitable size means long enough so that neither the child's feet or head extend past the ends, wide enough so that the child can easily turn over without falling off.

In the above table are data which show that 110 of the 123 caregivers were "fully aware" of this regulation and that 108 also put this regulation into practice.

A.4 Double deck or multiple tier beds are never used for children under the age of 6.

Evidence in Table 41 show that approximately three-quarters of the 123 participants, or 90, were "fully aware" that double deck or tiered beds were not to be used with children under six years of age. Of the 123 primary caregivers who provided data, 77 made it a practice to follow this regulation when working with children.

A.5 When in use, cribs, beds and mats are at least 0.5 metres apart.

Evidence points to fair comprehension of this regulation by primary caregivers. Only 4.1% of the participating population were unaware, while 84.6% of the 123 primary caregivers were "fully aware" that the distance 0.5 metres was required between cribs, beds and mats when these are used for sleeping by children at day care centres. This regulation was practiced by 87/123 of those involved in the study.

A.6 Identifiable blankets are provided and not interchanged between children.

Findings show that 92.7% of all participating caregivers were "fully aware" of this regulation and that 91.9% followed the practice of each child having their own blanket and making certain that the blanket was the exclusive possession of the owner while attending the day care centre.

Play and Space

The inventory of play material and equipment in a daycare centre is an exhaustive one. However, there are certain criteria in this regard, two of which are, age appropriateness and cleanliness of both toys and equipment. Caregivers were asked to respond to two statements concerning cleanliness of play materials, toys and equipment.

Table 42

Primary Caregiver Ratings: Play and Space

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
B.1 Infant/toys equipment cleaned daily	5	7	15	96	123	8	14	38	63	123
B.2 Older children's toys/ equipment cleaned weekly	7	3	8	105	123	9	4	34	76	123

0 = no response
1 = not aware
2 = somewhat aware
3 = fully aware

0 = no response
1 = none
2 = occasionally
3 = always

B.1 All infant toddler toys and equipment are cleaned daily.

Findings in Table 42 reveal that 96/123, or 78.0%, of the primary caregivers were "fully aware" that it was their responsibility to see that the toys and equipment used by toddlers were cleaned on a daily basis. Approximately one-third (63/123) of the caregiver population "always" practiced this regulation while 11.4% of the primary caregiver cohort never made it a practice to clean the toys and equipment that infant and toddlers used daily.

B.2 All older children's toys and equipment are cleaned weekly.

Data for this policy in Table 42 show that 105 of the 123 primary caregivers were "fully aware" that they were to clean the toys and equipment for older children on a weekly basis. Seventy-six members from that sample made it a practice to follow this policy and did clean, on a weekly basis, the toys and equipment used by older children.

Programming Standards

The quality of program offered by a day care facility is reflective of its flexibility and balance in meeting the developmental needs of children who attend the centre. Caregivers were asked to respond to the policy statement with concerns to two of these needs.

Table 43

Primary Caregiver Ratings: Programming Standards

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
C.1 Maximum social interactions, caregiver/ infants	11	2	6	104	123	14	5	12	92	123

Table 43 con't.

Primary Caregiver Ratings: Programming Standards

N = 123

Regulation	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
C.2 Free choice and variety of experiences, accessible toys, play equipment	6	2	4	111	123	6	0	12	105	123

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

C.1 Attempts are made to facilitate maximum social interaction between the caregiver and the infants.

Analysis of data for this policy statement show that 84.6%, or 104, of the 123 respondents were "fully aware" that there was to be maximum social interaction between the caregiver and the infants of the day care centre. However, 92/123 of those involved in the study followed the practice of maximizing social interactions with infants for whom they were responsible.

C.2 Attempts are made in the play environment to allow free choice, a variety of experiences, and accessible toys and equipment.

Research findings indicate that 111/123 of the primary caregivers were "fully aware" that in the play environment the caregivers should allow the children in their care the right to choose the toys and equipment they wanted to play with. One hundred and five caregivers practiced this policy indicating a higher correlation between awareness and practice for this policy than on most of the previous policy statements that were rated. The rate of those caregivers who were "fully aware" of this policy was 90.2% and the rate of those caregivers who "always" practiced the policy was 85.4% showing less than a 5% variation between the two ratings.

Field Trips

Field trips can provide valuable first hand information and experiences. As such, they may enhance understanding and play a most important role in the learning process of children. Participants were asked to respond to five statements concerning field trips.

Table 44

Primary Caregiver Ratings: Field Trips

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
D.1 Goal, overall plan outlined in writing	10	8	16	89	123	10	12	18	83	123
D.2 Two staff for 4 or more children	7	10	8	98	123	10	9	16	88	123

Table 44 con't.

Primary Caregiver Ratings: Field Trips

N = 123

Regulation	Awareness 0	Awareness 1	Awareness 2	Awareness 3	Awareness Total	Practice 0	Practice 1	Practice 2	Practice 3	Practice Total
D.3 Emergency information per child taken	7	6	3	107	123	8	8	4	103	123
D.4 One staff member valid first aid certification	6	4	3	110	123	9	3	9	102	123
D.5 First aid kit taken on trip	9	6	5	103	123	9	8	7	99	123

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

D.1 The purpose, goal and overall plan of activities is outlined in writing.

Data in Table 44 show little variance for the ratings between the awareness scale and the practice scale for the 123 primary caregivers. Table 44 includes data which show that 6.5%, or 8/123, of the participating caregivers were "not aware" that a written policy had to be followed for field trips. A greater percent (9.8%), or 12/123, never practiced the policy by outlining their plans for a field trip in writing. Similarly, 13.0% (16/123) were "somewhat aware" of the policy and a greater percent, 14.6% (18/123) "occasionally" practiced this policy. A reversal occurs for those caregivers who were "fully aware" of the policy 72.4%, or 89/123, with a smaller percentage 67.5% of 83/123 of the population "always" practicing this policy. Although the practice rate is not high, the variance between the awareness and the practice rate is less than 5%, which may suggest that most of the caregivers who had knowledge of this policy were practicing putting their plans for field trips in writing.

D.2 There are at least two staff whenever 4 or more children are present.

Findings for this policy reveal 79.7% (98/123) of the primary caregivers were "fully aware" of the staff ratio to children when on a field trip and that 71.5% (88/123) put this policy into practice. Thirteen percent (16/123) of the respondents sometimes practiced the policy of having at least two staff whenever four or more children were present for a field trip. However, 7.3% (9/123) of the caregivers never practiced this policy.

D.3 Complete emergency information on each child is taken on the field trip.

Research findings show that 87.0% (107/123) of those involved in the study were fully cognizant that they had to take emergency information for each child with them when on a field trip with the children from the day care centre. These findings also show that 83.7% (103/123) "always" made it a practice to comply with this policy.

D.4 At least one staff member with a valid first aid certificate is taken on the field trip.

When a comparison is made between the awareness and practice ratings for this policy, results show there is a 6.3% variance between the two ratings. Of the 117/123 caregivers who responded, 89.4% (110/123) were "fully aware" of the policy and 82.9% (102/123) of these caregivers "always" made it a practice to take a staff member who possessed a valid first aid certificate with them on a field trip.

D.5 A first aid kit is taken on the trip.

The results for this policy statement show that 83.7% (103/123) of all caregivers involved in the study were "fully aware" that it was mandatory for them to take a first aid kit with them on a field trip and 80.5% (99/123) made it a practice to follow this policy.

Discipline

The amount and type of discipline used at each day care facility is reflective of the philosophy of the day care centre to organize the children's behaviour while in their care. As such, parents should have input and knowledge of these methods. Primary caregivers were asked to respond to one policy statement on the topic of discipline.

Table 45

Primary Caregiver Ratings: Discipline in Day Care Centres

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
E.1 Discipline corresponds to what a judicious parent would use	11	1	9	102	123	11	0	16	96	123

0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3= fully aware	3 = always

E.1 Discipline used corresponds to that of a kind, firm, judicious parent.

Analysis of the data in Table 45 indicate that 82.9% (102/123) of all participating caregivers were "fully aware" that proper disciplinary methods were to be used with children who were unruly and who were under care and supervision of day care personnel at the day care facility where they were employed. There were 7.3% (9/123) of the caregivers who were "somewhat aware" of this policy and the remaining 0.8% (1/123) who was totally unaware of its existence. There were 13.0% (16/123) of the caregivers who were not consistent in practicing the above policy while 78.0% (96/123) made it a practice to follow proper disciplinary procedures at all times with children they supervised. Unaccounted for are almost 9.0% of caregivers who chose not to respond to this statement. Consequently their disciplinary tactics are unknown and as such, may be considered as questionable.

Emergency Information

Those who direct a day care facility assume full responsibility for the welfare of children under their jurisdiction. Therefore, these individuals should have current and valid information readily available on each child should an emergency situation arise. Two policy statements from the manual on emergency information were synthesized and were included on the questionnaire.

Table 46

Primary Caregiver Ratings: Emergency Information

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
F.1 Staff aware location, access, to emergency records	2	5	14	102	123	8	2	17	96	123

Table 46 con't.

Primary Caregiver Ratings: Emergency Information

N = 123

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
F.2 Emergency numbers posted beside telephone	3	6	3	111	123	5	5	3	110	123

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

F.1 All staff are aware of the location and have access to the emergency records and cardex.

In Table 46 are data which illustrate that 82.9%, or 102 of the 123 caregivers, who responded were "fully aware" of the location and that they had access to emergency records for children attending the day care centre, however, in contrast 11.4%, (14/123), were only "somewhat aware" and 4.1% (5/123) were "not unaware" that all staff should know the location and have access to emergency records. In practice, only 78.0% (96/123) of the caregivers "always" knew where the records were located and had access to them.

F.2 Emergency numbers are posted beside the telephone (fire, police, hospital, poison information, ambulance, taxi, local health unit).

Results show a significant relationship between caregiver awareness (90.2% or 111/123) and caregiver practice (89.4% or 110/123) with regard to emergency numbers being posted by the telephone of the day care centre where they worked. There were 4.9% (6/123) of all participants "not aware" of this policy and 4.1% (5/123) who failed to practice it.

Fire Regulations

Every day care facility shall provide approved portable fire extinguishers maintained to the satisfaction of an inspector appointed under the Fire Prevention Act. Participating caregivers were asked to reply to one statement, regarding fire regulations, as it relates to fire extinguishers.

Table 47

Primary Caregiver Ratings: Fire Regulations

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
G.1 Day care staff know location of fire extinguisher(s) how to use them	4	11	16	92	123	9	16	28	70	123

0 = no response
1 = not aware
2 = somewhat aware
3 = fully aware

0 = no response
1 = none
2 = occasionally
3 = always

G.1 All staff in day care facilities know the location of the fire extinguisher(s) and how to use them.

Data in Table 47 show that there was a 17.9% difference between the caregivers who were "fully aware" of the policy (74.8% or 92/123) and the percentage of those who consistently practiced the policy (56.9% or 70/123), of knowing the location of the fire extinguishers in the centre and how to use them. In addition there were 8.9% (11/123) of the caregivers who were "not aware" of this policy and a large percentage 13.0% (16/123) who neither knew the location of the fire extinguishers nor did they know how to use these pieces of fire fighting apparatus.

Health Standards

Every day care facility must comply with the Institutions Regulation, 1980, as amended, under the Public Health Act. In consultation with parents, health standards shall be developed by the operator to initiate good health habits and protect and maintain the overall health of children in a day care facility.

Participants responded to 19 statements that were directed at the health standards of the day care facility where they were employed.

Table 48

Primary Caregiver Ratings: Health Standards

N = 123

Regulation		Rating									
		Awareness					Practice				
		0	1	2	3	Total	0	1	2	3	Total
H.1	Handwashing required after toileting	4	2	0	117	123	5	1	10	107	123
H.2	"Fever strips" or thermometer (under arm) used to take temperature	5	4	3	111	123	8	1	2	112	123
H.3	Tooth brushes labelled, stored individually	28	25	5	65	123	34	36	2	51	123
H.4	Established written policy document procedures to be followed for accident, serious illness	4	6	5	108	123	13	4	8	98	123
H.5	Accidents reported immediately to facility Director	7	2	6	108	123	6	2	14	101	123
H.6	Separate isolation room to provide care for sick children	13	20	23	67	123	15	41	27	40	123

Table 48 con't.

Primary Caregiver Ratings: Health Standards

N = 123

Regulation	Rating									
	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
H.7 Cot disinfected, bedding laundered after sick child use	4	8	5	106	123	6	6	11	100	123
H.8 Sick children supervised in isolation area until removed from facility	11	18	8	86	123	10	27	19	67	123
H.9 Over the counter drugs not administered without parental written authorization	6	3	0	114	123	8	2	2	111	123
H.10 Prescribed medicine not administered without doctor written authorization	8	8	2	105	123	9	7	2	105	123
H.11 Prescribed medicine kept in original container showing all labelling details	7	2	0	114	123	8	0	3	112	123

Table 48 con't.

Primary Caregiver Ratings: Health Standards

N = 123

Regulation	Awareness 0	Awareness 1	Awareness 2	Awareness 3	Awareness Total	Practice 0	Practice 1	Practice 2	Practice 3	Practice Total
H.12 Patent medicine in original container, labelled with patient's name and dosage	9	5	1	108	123	12	0	4	107	123
H.13 Medication recording includes all pertinent details	7	4	0	112	123	9	0	3	111	123
H.14 The storage of medication in areas inaccessible to children	8	2	0	113	123	7	0	0	116	123
H.15 Smoking prohibited in areas of facility frequented by children	7	2	0	114	123	7	2	2	112	123
H.16 Established diaper changing routine, infants, toddler checked regular intervals	7	4	3	109	123	7	1	5	110	123
H.17 Bibs used at mealtime	7	6	7	103	123	9	3	15	96	123

Table 48 con't.

Primary Caregiver Ratings: Health Standards

N = 123

Regulation	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
H.18 Protective device available on raised areas	14	7	4	98	123	17	7	8	91	123
H.19 Safety straps or other safety device on changing table used	8	4	1	110	123	11	4	4	104	123

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

H.1 Handwashing after toileting is required.

Data in Table 48 shows that a high percentage of awareness existed among the caregivers for this policy. One hundred-seventeen of the 123 caregivers were "fully aware" of this policy; however, it was practiced to a lesser degree. Only 107 of the research sample "always" practiced this procedure, 10 sometimes practiced it and only one never made it a practice to wash their hands after toileting.

H.2 Temperatures are taken using "fever strips" or with a thermometer under the child's arm (never use rectal or oral thermometers).

Comparing awareness data with practice data found in

Table 48, these data show a slight increase in the practice rate (112/123) from an awareness rate of (111/123) that caregivers used fever strips or a thermometer under a child's arm to take the temperature of a child they thought might be ill.

H.3 Toothbrushes are labelled and stored individually.

Data from Table 48 supports that caregiver responses rated low on this policy statement when both the awareness scale and the practice scale are compared. The data indicate that of the 123 participating caregivers, 25 were unaware of this policy and 36 of the caregiver population never practiced labelling and storing toothbrushes individually. Similarly, of the 65/123 caregivers who were fully cognizant of this policy, only 51/123 practiced this procedure; a significant number, 34 administrators chose not to respond to this statement.

H.4 A written policy is established documenting the procedures to be followed in case of an accident or serious illness.

Analysis of the data in Table 48 show that approximately three quarters of the primary caregivers who participated in this study were "fully aware" of the documentation that was required when a child in their care became ill or was involved in an accident. Only six of the 123 caregivers who comprised the research sample never practiced the policy while 98 caregivers "always" made it a practice to have a written policy which documented the procedures to be followed in case of an accident or serious illness to a child.

H.5 All accidents are reported immediately to the Director.

Results reported in Table 48 indicate that 108 caregivers were aware that any accident, regardless of how small, was to be reported to the director immediately. Of the 123 caregivers 101 followed this policy.

H.6 A separate isolation room is set up for the purpose of providing care for sick children.

Findings for this policy, indicate a significant relationship between the low rating on both the awareness and practice scales. On the awareness scale, 20 of the 123 participating caregivers were unaware that a separate isolation room was to be provided for sick children. Twenty-three caregivers were "somewhat aware" of the policy and 67 were totally cognizant of the policy. Although the practice rating corresponded somewhat to the awareness rating, the practice rating was much lower.

H.7 The cot is disinfected and the bedding laundered after use by a sick child.

Evidence from this study show that when data were compared in Table 48, there was a small difference between overall rating for the awareness scale (106/123) and the practice scale (100/123) by primary child caregivers with regard to disinfecting cots and bedding following its use by a sick child.

H.8 Sick children are supervised in the isolation area until removed from the day care facility.

Data from the study presented in Table 48 indicate that 18 of the 123 primary caregivers were unaware that sick children were to be supervised in an isolated area until they could be removed from the day care centre. Eight caregivers were "somewhat aware" of this policy and 86 were "fully aware" that when children were sick, they were to be supervised in a separate area and then removed from the day care centre. However, in practice, 27 caregivers failed to put the policy into effect, 19 caregivers practiced this policy on an occasional basis while 67 caregivers "always" made it a practice to place sick children in an isolation area where they were supervised prior to removal.

H.9 Aspirins, cough syrup and other patent drugs (over the counter drugs) are not administered without written authorization of the parent.

Data analyzed for this policy statement reveal a close relationship between primary caregiver responses to each scale. The overall rating on the awareness scale included 114 of the 123 participants who were "fully aware" of this policy and 111 participants who practiced never administering over the counter drugs to children in their care without parental written permission.

H.10 No prescribed medicine is given without a written authorization signed by the doctor.

Results of the data in Table 48 show a slight deviation of ratings when both scales are compared. Participating primary caregiver response was identical for both the awareness scale (105/123) and the practice scale (105/123). Of the 123 primary caregivers there were two who "occasionally" made it a practice not to administer any medication unless written authorization was first secured by a physician. However, there were 105 of the 123 caregivers who indicated that they "always" followed this policy. There were two who "occasionally" made it a practice to obtain written authorization by a doctor before giving prescribed medicine to a child and seven who never observed this policy.

H.11 Prescribed medicine is in the original container and labelled showing the name of the physician, patient's name, date of issue, instruction and time period.

With regard to this policy, results of the study show that 114 participants were "fully aware" of the procedure to be followed when labelling a container or medicine prescribed for a certain child. One hundred and twelve of these individuals made it a practice to follow this policy.

H.12 Patent medications are in the original container and labelled with the patient's name and dosage.

Data indicate that the response of the 123 primary caregivers to this policy at the awareness level was 108/123 and that 107/123 made it a practice to make certain that patent medicines were correctly labelled with the child's name and dosage to be administered.

H.13 Medication recording includes the type of medication, time of administration, amount of medication, initials of person designated to administer medication and the medication administration record is posted.

In Table 48 are data for this statement which indicate there were 112/123 participants who were "fully aware" of the detailed procedure they were to follow when a medication was administered to a child and the fact that this record had to be posted; 111/123 of the primary caregivers made it a practice to adhere to this policy.

H.14 The storage of medication is in an area inaccessible to children.

In Table 48 are data which point to a higher practice rate than awareness rate for proper storage of medication and its inaccessibility to children. These data show that there were 113/123 who were "fully aware" of this policy while 116/123 of the participants made it a practice to follow the policy.

H.15 Smoking is prohibited in any area of the day care facility that is frequented by children.

Data in Table 48 reveal a discrepancy (1.1%) between the awareness scale (92.7%) and the practice scale (91.6%). One hundred and fourteen caregivers were aware that smoking was prohibited in any area of the day care facility that was frequented by children. One hundred and twelve made it a practice to adhere to this policy.

H.16 A diaper changing routine is established, and infants and toddlers are checked at regular intervals.

Analysis of data of the 123 primary caregivers to this statement indicate that 109 were "fully aware" that they were to check the diapers of both the toddlers and infants at regular intervals and that soiled diapers were to be changed whenever required. Of the 123 caregivers, 110 made it a practice to follow this policy.

H.17 Bibs are used at mealtimes.

Interpreting data from Table 48, it is evident that when the "somewhat aware" and "fully aware" ratings are combined the majority of the respondents (110/123) were aware that bibs were to be used on children at mealtimes. Of the 123 caregivers, 96 "always" made it a practice to use a bib with children when they were being fed at mealtime.

H.18 Protective devices such as guardrails and handrails are available on all raised areas.

Data provided for this statement in Table 48 indicate that approximately three-quarters of the 123 participants, 98 or 79.7%, were "fully aware" that protective devices such as guardrails and handrails on all raised areas had to be made available for use to children. There were 91 of the 123 caregivers who practiced this policy. Of the 123 participants, there were seven caregivers who were "not aware" of the policy and the same number failed to practice it.

H.19 On changing tables, a safety strap or other safety device is available and used.

Data in Table 48 indicate that of the 123 caregivers, 110 were "fully aware" that on the changing table some form of safety device had to be made available and this device was used when changing the diaper of a toddler or an infant. Of the 123 caregivers, 104 made it a practice to use this safety device when changing the diaper of the child.

Nutrition

It is the responsibility of the operator of a day care facility to ensure that meals and snacks are provided and are in accordance with the Canada Food Guidelines. As such, these snacks must be of sufficient quantity and quality in meeting each child's daily nutrition needs. Participating primary caregivers were requested to address 10 policy statements that dealt with nutrition.

Table 49

Primary Caregiver Ratings: Nutrition

N = 123

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
I.1 Balanced meals, snacks provided, are in accordance with the Canada Food Guide	6	4	9	104	123	6	5	25	87	123
I.2 Children in care 2 to 4 hours receive snack, food from 2 or more food groups	7	5	7	104	123	6	2	11	104	123
I.3 Children in care 4 to 6 hours receive a meal and 1 snack including 2 or more food groups	8	4	8	103	123	10	2	18	93	123
I.4 Children in care more than 6 hours receive 1 meal and 2 snacks including 2 or more food groups	8	4	8	103	123	9	3	19	92	123
I.5 Infants are fed in accordance with written instruction provided by parent	15	9	7	92	123	21	4	7	91	123

Table 49 con't.

Primary Caregiver Ratings: Nutrition

N = 123

Regulation	Awareness 0	1	2	3	Total	Practice 0	1	2	3	Total
I.6 Foods prepared, stored, served under sanitary conditions	7	3	3	110	123	7	3	14	99	123
I.7 Children seated, directly supervised when eating	5	2	1	115	123	6	0	6	111	123
I.8 Menus varied daily, not repeated twice a month	11	8	17	87	123	12	10	28	73	123
I.9 Children under 6 months of age held by adult during feeding	12	6	3	102	123	19	4	5	95	123
I.10 Children over 6 months not capable of feeding self, held or seated in infant seats with safety straps	10	3	4	106	123	16	5	3	99	123

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

I.1 Balanced meals and snacks of adequate quality and quantity are provided at appropriate times in accordance with the Canada Food Guide.

Responses of primary caregiver participants to this statement reveal that 104 were "fully aware" that the meals and snacks given to the children were to be of adequate quality and quantity and of standards set forth in the Canada Food Guide. Only 87 of the 123 primary caregivers "always" practiced this policy.

I.2 Children in care 2 to 4 hours receive at least one snack including food from 2 or more food groups.

Of the 123 participants, there was an equal number who were "fully aware" of this policy (104) and those who "always" practiced the policy when caring for children in the environment of a day care centre. There were 7/123 of the primary caregivers who were "somewhat aware" of the policy and 2/123 who never practiced providing appropriate food to children at the prescribed intervals, while 11 of the caregiver population "occasionally" did so.

I.3 Children in care 4 to 6 hours receive one meal including all four food groups and one snack including two or more food groups.

Data from Table 49 reveal that 103 of the 123 primary caregivers were "fully aware"; however, only 93 caregivers made it a practice to provide a snack and a meal at prescribed intervals to children in their care.

I.4 Children in care for more than 6 hours receive one meal including all four food groups and two snacks including two or more food groups.

The results for this policy did not differ greatly from the data collected with the previous policy statement. One hundred and three participants were " fully aware" of the policy and a combined total of 22/123 caregivers only sometimes, or never, practiced adhering to this policy.

I.5 Infants are fed in accordance with the written instructions of the parents regarding the amount, type and scheduling of feedings.

Of the 123 primary caregivers 92 were "fully aware" that infants in their care were to be fed at the appropriate times following the written instructions of the parent. There were 91 caregivers in the research sample who made it a practice to follow this policy.

I.6 Foods are properly prepared, stored and served under sanitary conditions.

Data in Table 49 show that 110/123 or 89.4% members of the research sample were "fully aware" that food stored, prepared and served to children in the day care centre had to be done under sanitary conditions. There were 99 caregivers who practiced this policy.

I.7 Children remain seated and are directly supervised when eating.

Data in table 49 indicate that of the 123 participants there were 115 who were "fully aware" that when the children were eating, they were to be seated as well as being supervised. From the research sample of 123, 111 caregivers made it a practice to be responsible for following this policy.

I.8 Menus are varied daily and not repeated more than twice a month.

Analysis of the data found in Table 49 show that 87 of the 123 primary caregivers were "fully aware" that menus were to be varied daily and that the menu was not to be repeated more than twice a month. Of the 123 participants, 73 caregivers made it a practice to follow this policy, 28 did so on occasional basis and 10 never made it a practice to do so.

I.9 Children under 6 months of age are always held by an adult during feeding.

There are data in Table 49 which show that of the 123 participants, 102 were "fully aware" that they were to hold a child under six months of age when the child was being fed. However, there were 95 caregivers who "always" made it a practice to follow this policy.

I.10 Children over 6 months of age who are not capable of feeding themselves are always either held, or seated in infant seats or high chairs using safety straps.

One hundred and six participants of the research sample of 123 were "fully aware" of this policy and 99 caregivers made it a practice to "always" adhere to it.

First Aid Staffing

Provisions must be made for illness and for any emergency situation that may arise in day care centres, and as such, it is recommended that all staff have current first aid training to ensure coverage at all times. Caregiver respondents were requested to address one regulation in this regard.

Table 50

Primary Caregiver Ratings: First Aid Staffing

N = 123

Regulation	Awareness					Practice				
	0	1	2	3	Total	0	1	2	3	Total
J.1 One staff member holds a valid first aid certificate	5	3	4	111	123	6	1	8	108	123

Awareness	Practice
0 = no response	0 = no response
1 = not aware	1 = none
2 = somewhat aware	2 = occasionally
3 = fully aware	3 = always

J.1 At least one staff member who holds a valid first aid certificate (acceptable to the Director) is at the day care facility at all times when children are present.

Findings indicate that 111 of the 123 participants were "fully aware" that a staff member of the day care centre was to have a valid first aid certificate and that a certificated person was to be in the centre when children were present. There were 108/123 members of the research sample who "always" practiced this regulation.

CHAPTER IV

INTERPRETATION OF DATA

Introduction

The purpose of the preceding chapter was to present an analysis of data that were collected for each statement of the research instrument with regard to administrative primary caregivers as well as to primary caregivers.

The purpose of this chapter is to interpret these data to determine if there is still sufficient evidence to accept the conclusions of the problem statement as well as the five supporting subproblems for this research. A profile of the characteristics of the 27 administrative caregivers and the 123 primary caregivers will be formed from the interpretation of these data.

Part 1

Administrative Primary Caregivers and Primary Caregivers

Part I of the research instrument for both the administrative primary caregivers and the primary caregiver was used to collect demographic data that would help to answer the following research subproblems:

To determine the characteristics that primary child caregivers have including education, training and other demographic information.

To determine the amount of child care experience that primary caregivers had acquired at their present place of employment as well as the total duration of that experience gained as a child caregiver.

To determine primary caregivers' interpretation of the major role they assume in the daily lives of the children that they care for in selected Calgary day care centres.

To determine primary caregivers' perceptions of and satisfaction with the physical environment of Calgary daycare centres, in which they were employed.

To determine the interest and aspirations that primary child caregivers in Calgary day care centres had toward establishing a career path or ladder in either Child Care or Early Childhood Education (E.C.E.).

Educationally, the largest group of administrative primary caregivers was found to be those who had acquired a university degree, 12/27; this group was closely followed by those who obtained a diploma from either a college or a technical institute. Data in support of this interpretation can be found in Table 9. The highest level of education attained by the primary caregivers was a university degree, 16/123; followed by 38 primary caregivers who had received a diploma from a college or technical institute. From an educational perspective primary caregivers had not reached the level of educational achievement that the administrative primary caregivers had reached. The majority of the 123 primary caregivers were high school graduates, 50; these data can be found in Table 34. It is evident that the majority of those who provided leadership and those who provided care to children in the centres involved in the research were prepared adequately with an education to carry out their responsibilities.

The total work experience for participants in the 27 child day care centres shows a relatively stable employment in the occupation of child care. The majority of administrative primary caregivers were engaged in this occupation for over five years. Nearly one-third of the primary caregivers were employed in the child care field for a similar period of time. This interpretation is supported by data found in Tables 10 and 35 respectively.

The length of service at their present place of employment for the administrative primary caregivers and the primary caregivers cohort varied drastically and represented two extremes of the employment continuum. Of the former group, the majority had employment at their present day care centre that extended over five years. The employment period for the majority of the latter group was less than 12 months. This indicated that this group was more itinerant and mobile. It could also indicate a lack of dedication to that specific day care centre or to the occupation on the part of these caregivers. See Tables 11 and 36 for supporting data.

Child day care is a female dominated occupation. In this study no males were identified as either an administrative primary caregiver or a primary caregiver. Tables 6 and 31 provide supporting data for this interpretation.

The administrative primary caregivers employed in the 27 participating child day care centres were mature adults whose ages were above the 30 and 41 age range. Supporting data for this interpretation can be found in Table 5. The primary caregiver age range was similar to the former group with the exception of the majority of the ages ranged between 20 - 24. Supporting data is shown in Table 30.

The majority of women who comprised the administrative primary caregivers and the primary caregivers sample considered themselves to be married. See data in Tables 7 and 32 that were used to formulate this interpretation. Women in the former group had a maximum number of four children while women in the latter group, the majority were childless, although there were women in this group that had one or two children. Data found in Table 8 and Table 33 verify this interpretation.

Research data could be interpreted to indicate that members of both the administrator primary caregiver and the primary caregiver sample were satisfied with their work with children. Twenty-three of the administrator cohort indicated that their future plans were to continue working in the child care field. This interpretation is supported by data found in Table 12. It is evident from research data that of the 123 primary caregivers, 78 planned to continue their work with children, thus making it part of their career ladder. See Table 37 for supporting data.

The major role as perceived by the 27 women in the administrative primary caregiver cohort was to supervise and to monitor the life of a child attending a day care centre.

The major role as perceived by the primary caregivers in these centres was that of a foster mother who provided adequate supervision to children under her care. See Tables 13 and 38 for supporting data.

Administrative primary caregivers were satisfied with the factors at their centres that dealt with the comfort and safety for the children who were attending the centre. Primary caregivers were most satisfied with the factors that provided safety, lighting and cleanliness in the day care centre. However, the members of this cohort were unsatisfied with the salary they received. Table 14 and Table 39 include data to support these interpretations.

From the analysis of data collected during the study it is evident that the five research subproblems have been positively addressed.

From research data a profile for participating administrative primary caregivers can be generated. That person was a female with a university degree who saw her major role to be that of a supervisor of personnel and children. This person was in her late thirties with children of her own and who was employed in the field of child day care for more than five years. She was satisfied with those factors in the centre that provided for the comfort of children and in the future will continue to work with children.

Research data provide the following profile for a primary caregiver who was also a female, in her early twenties, childless, with a high school education and a short period of employment in present facility, six months or less, as a provider of child care. This person was most satisfied with those factors that provided for the comfort of children and was most dissatisfied with the salary she received. This individual had aspirations of continuing to make child care part of her future career ladder.

Part 2

Administrative Primary Caregivers

Administrative primary caregivers were "fully aware" of the fire regulations they were to follow in providing a safe environment for the children attending the day care centres. These individuals made it a practice to follow and implement these regulations. See Table 15 for data in support of this interpretation.

As a regulation, staff standards were followed by most of the administrators with a lesser number putting these standards into practice. This interpretation is given support from data found in Table 16.

Of the five regulations that dealt with the architecture of the day care facility, administrative caregivers were "fully aware" of these regulations and only "somewhat aware" of the regulation that both cupboard and storage areas had to be accessible to children attending the centre. An analysis of data in Table 17 will support this interpretation.

Health regulations were adhered to by administrators to make certain that the wellness of the children attending the centre was accurately documented and recorded. It was evident that these administrators were "fully aware" of six of the seven health regulations. They were "somewhat aware" that an isolation room be provided for children who became ill at the centre. The practice of implementing these regulations paralleled the understanding that administrators had of these regulations. In Table 18 are data which will support this interpretation.

Of the four regulations directed at play and space of a day care centre, administrators were "fully aware" of three of these regulations but a lesser number were "somewhat aware" that it was the responsibility of their staff to inspect the equipment on a daily basis before child use. With the exception that staff were required by regulations to daily inspect equipment used by their clients, administrators made it a practice to follow the remaining regulations. See Table 19 for supporting statistics with regard to this interpretation.

Administrative caregivers were "fully aware" of five of the six regulations that were directed toward sleeping arrangements and were "somewhat aware" of the regulation that required a separate crib for each child under 19 months of age. However, data show that these administrators practiced the six regulations for sleeping arrangements. Supporting data for this interpretation can be found in Table 20.

It was evident that administrative primary caregivers were "fully aware" that a field trip for the children of the centre had to be preceded with a well written plan for the trip. However, not every administrator made it a practice to follow this regulation. Data in Table 21 provide support for this interpretation.

Regulations with reference to discipline are rather specific when it comes to documentation and the type of discipline to be administered. Administrative primary caregivers were "fully aware" of the three discipline regulations which they "always" practiced when working with children who misbehaved. Table 22 contains supporting data for this interpretation.

Administrative caregivers were "fully aware" that the day care centre owners need to carry liability insurance for staff and clients. Proof of such insurance coverage was to be on file on the premises at all times. See Table 23. The administrators were "fully aware" of the type of emergency information they had to have in the centres they administered and they made it a practice to have this information available for review. Supporting data for this interpretation can be found in Table 24.

One regulation that some administrative caregivers were "fully aware" of and made it a practice to follow was the storage of hazardous products. In Table 25 are supporting data for this interpretation.

Research evidence show that administrative primary caregivers were "fully aware" of the six regulations dealing with nutrition and that they practiced these regulations when providing children with either a snack or a meal. Table 26 provides data in support of this interpretation.

Administrators of day care centres were "fully aware" that one of their staff was to hold a valid first aid certificate and that this staff member was to be present at all times when children were at the day care centre. See Table 27. These administrators followed the staff ratio set forth in the regulations of the Day Care Programs Licensing Policy Manual (1987). In Table 28 are data to support this interpretation.

Part 2

Primary Caregivers

Of the six statements that dealt with sleeping arrangements, primary caregivers were "fully aware" of four of the regulations from which these statements were taken. Some of these caregivers were "not aware" that infants over 35 inches tall were not to be placed in a crib which they could get out of. They were "not aware" that either double deck beds or multiple tier beds were not to be used with children under the age of six. Supporting data for these interpretations can be found in Table 41. However, these on-line personnel did make it a practice to follow the six regulations regarding sleeping arrangements.

From data presented in Table 42, it is evident that the majority of primary caregivers were "fully aware" that they were responsible for the daily cleanliness of equipment and toys that would be used by infants. They were also aware that on a weekly basis they were to clean the equipment and toys that were used by older children. Although primary caregivers were aware of the regulations, nearly two-thirds of these employees did not put these regulations into practice.

The majority of primary caregivers were aware that regulations of the Day Care Programs Licensing Policy Manual (1987) called for them to have maximum social interaction between themselves and the children of the centre. There were more caregivers who were aware of this regulation than put it into practice. The same applied when permitting their charges a free choice of a variety of experiences with peers and caregivers and to accessibility to toys and equipment. See Table 43 for supporting data.

It was evident that not all primary caregivers were "fully aware" of the six regulations that were to be adhered to prior to taking children on a field trip and subsequently, while on the trip. These caregivers were not "fully aware" of the goal setting and paperwork that was required before children attending the centre were permitted to accompany them on a field trip. In spite of this, the majority of caregivers made it a practice to observe the five regulations stipulated for field trips. These data can be found in Table 44.

As a group, a majority of primary caregivers were "fully aware" that in disciplining a child they were to be guided by the type of discipline that a kind, firm, and judicious parent would use. These caregivers made it a practice to follow this policy. In Table 45 are data which support this interpretation.

The majority of primary caregivers involved in the study were "fully aware" of the location of the emergency information and where this information was to be kept. They were also aware that significant emergency telephone numbers had to be posted beside the telephone in the centre. These caregivers made it a practice to follow these regulations. For supporting data with regard to these interpretations see Table 46.

Although data show that the majority of caregivers were aware that they were to know the location of fire extinguishers in the centre and how to use this fire fighting equipment, there were those who were "not aware" of this policy and who did not know how to use these extinguishers. These interpretations are supported by data found in Table 47.

Of the 19 health standards listed, a majority of the caregivers were aware of 16 of these standards. These participants were "not aware" that the toothbrush for each child registered in the centre had to be labelled individually. Neither were they aware that a separate isolation room was to be available for children who became ill and that these children had to be supervised until they were removed from the facility. The practice of these regulations coincided with the awareness the caregivers had of these health standards and supporting data can be found in Table 48.

Of the 10 nutrition regulations, the primary caregivers involved in the research were aware of nine. These individuals were "not aware" that the menu was to be varied daily and it was not to be repeated more than twice a month. Although other caregivers were aware of these regulations they did not make it a practice to provide menus or snacks that were in accordance with the Canada Food Guide, nor did they provide a varied daily menu. See Table 49 for supporting data.

Primary caregivers were aware of the fact that at least one of them was to hold a valid first aid certificate, and that this member was to be present when children were at the facility. Not only were these members aware of the regulation, they put it into practice. Supporting data for this interpretation can be found in Table 50.

The interpretation of data collected for this study indicate that personnel of the 27 day care centres were adhering to both the provincial regulations and policies that govern the licensing of private day care centres in the province.

Although adherence was evident for these regulations and policies, in some instances neither the regulation nor the policy was put into practice.

CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND OBSERVATIONS

Introduction

The third chapter of this study described the research and provided an analysis of the data that were collected from selected caregivers to determine adherence to provincial regulations and policies that govern licensed private day care centres. The data were organized into tabular form for the ease of interpretation, which was the focus of chapter four.

The fifth chapter will conclude the report and will consist of four related sections. The first section will include an overview of the problem and other major components of the research methodology. The second section will consist of the conclusions made from the research findings. The third section will present recommendations resulting from the research findings and are made to the following groups: the Federal Government; Alberta Family and Social Services; Ministry of Advanced Education, Training and Technology; to other researchers; and to institutions that prepare day care workers as well as to caregivers.

Observations that were made by the researcher and that have no supporting research data were made while conducting the research and will be found in the fifth section of this chapter.

Summary

This section summarizes the problem of the research and its five sub-problems; the instrumentation; the research population; and the research methodology.

The Problem

The major purpose of this study was to determine adherence of selected child caregivers in the City of Calgary to both the provincial regulations and the provincial policies that govern licensed day care centres.

Five subproblems were used to support the major purpose of this study. These were:

To determine the characteristics that primary caregivers had including education, training and other demographic information.

To determine the amount of child care experience that primary caregivers had acquired at their present place of employment as well as the total duration of that experience gained as a child caregiver.

To determine primary caregivers' interpretation of the major role they assumed in the daily lives of children that they care for in selected day care centres.

To determine caregivers' perceptions of and satisfaction with, the physical environment of Calgary day care centres, in which they were employed.

To determine the interest and aspirations that primary child caregivers in Calgary day care centres had towards establishing career plans in Child Care or Early Childhood Education (E.C.E.).

To fulfill both the major purpose of the study and the supporting subproblems, a two-part questionnaire for administrative primary caregivers and primary caregivers was designed by the researcher. The questionnaire was critiqued by a specialist in instrument design, Department of Educational Psychology, Faculty of Education, the University of Alberta, before it was used in the study.

Instrumentation

The instrument was pilot tested with both administrative and primary caregivers in six day care centres located in the quadrants of the City of Calgary. Pilot study participants were not involved in the major investigation. The purposes of the pilot study were: to ascertain the length of time necessary for primary child caregivers to complete the instrument and to identify the problems that may exist in the structure of the questionnaire. Following the pilot study, a short debriefing session was held with the participants and necessary modifications were made to the questionnaire before it was used to collect data. The day care centres and personnel in the pilot testing centres were not included in the major portion of the investigation.

A two-part questionnaire was used in the study; part one collected demographic information from the research participants. Part two used, as base documents, the regulations and policies that governed day care programs in the province of Alberta. Statements for the administrative and primary caregivers were on colour coded paper which differed according to their position.

A three-point modified Likert type of rating scale was devised for the "Awareness" and "Practice" scales. The choices for the "Awareness" scale were: "Not Aware", "Somewhat Aware", and "Fully Aware". The choices for the "Practice" scale were" "None", "Occasionally" and "Always". Administrative and primary child caregivers were asked to check the most appropriate choice for each statement on each scale. Administrative primary child caregivers' questionnaire also consisted of 10 open-ended questions with regard to administrative responsibilities. There were no open-ended questions on the primary caregivers' questionnaire.

The Population

The population for this study consisted of 151 private day care centres in the City of Calgary. The list of private, child day care centres licensed by the province and operating in the City of Calgary was obtained from a current report completed by the Director of "Choices in Child Care" in Calgary. From the 151 day care centres, a random sample of 37 were selected. Twenty-five percent of the day care centres from each quadrant of the city were selected to be involved in the study. The sample consisted of nine day care centres from the north-east quadrant; eight from the north-west; eight from the south-east, and 12 from the south-west quadrant. A covering letter was mailed to the director of each day care centre, followed by a telephone call requesting an interview and permission for the questionnaire to be distributed to all administrative and other primary caregivers employed at their centre. Twenty-seven of the 37 day care directors granted their permission (eight from the north-east quadrant; five from the north-west quadrant; five from the south-east quadrant and nine from the south-west quadrant). The 10 directors who chose not to participate in the study reduced the sample size from 37 to 27 day care centres thus negating the 25% figure. The administrative primary caregivers rate of return was 27/37 or 72.97%. A covering letter was prepared and distributed to all primary caregivers at each day care centre in each quadrant of the city. Of the 178 primary child caregivers, 123 responded by submitting completed questionnaires which represented the caregiver rate of return at 123/178 or 69.10%.

Methodology

Selection of articles and publications relative to this study were secured through several electronic database searches and the physical search of book based libraries. The electronic data based search included: Educational Research Information Centre (ERIC); The Sociological Abstract; Child Care Resource and Research Unit, Centre for Urban and Community Studies, University of Toronto; Choices for Child Care; and DOBIS and NOMADS of the University of Calgary Library. Articles and documents were reviewed which provided the researcher with information on child caregivers, child care services, day cares, and the legislation that govern them.

From a review of the literature on instrument design the decision was made to use a questionnaire to collect data for analysis. As a result of that decision, a two-part questionnaire for the administrative primary caregivers and the primary caregivers was prepared.

Part 1 of both instruments was identical and was used to collect demographic data. There were some similarities between Part 2 of the instrument for the administrative primary caregivers and the primary caregivers. That similarity was in the "Awareness" and the "Practice" rating scales used. The difference between these two instruments was the number of sections, 10 for the administrative primary caregivers and 14 for the primary caregivers. Statements for these sections on both instruments were adapted from the regulations and policies of the Day Care Program Licensing Policy Manual (1987) that govern private day care centres in the Province of Alberta. The former group was also asked to provide information to 10 open-ended questions.

Following the guidelines for conducting research involving human subjects, participants were granted anonymity and had the right to withdraw from research without prejudice. The Ethic Review was conducted by the Ethics Review Committee, Department of Adult, Career and Technology Education. A copy of the Ethics Review Committee Approval Form can be found in Appendix C.

A letter was drafted and mailed to the directors of 37 selected, licensed private day care centres in the City of Calgary. The letter requested the cooperation and the permission of the Director to involve administrative and primary caregivers under their supervision to participate in the study. At the time of the meeting all primary caregivers were given a covering letter which requested that they complete the research questionnaire, and directions were given to them on how to complete the questionnaire. Administrative primary caregivers as well as primary caregivers from 27 selected day care centres participated in the study. Participants were asked to place the completed questionnaire in a sealed envelope and deposit the envelope in a slotted mailbox, both of which were provided by the researcher. The mailbox was collected by the researcher within three days following the site visit. To allow for absenteeism, several callbacks were made one week following the site visit. To facilitate the delivery of the questionnaire and collection of the instrument, field work was done by quadrant.

The collected data were codified and entered for electronic processing by personnel of the Division of Educational Research Services, University of Alberta. There, data were analyzed using the percentage and frequency programs from the Statistical Package for the Social Services (SPSS^x). The data were placed in tables for ease of interpretation and analysis. From this analysis the following summary, conclusions, recommendations and observations were made.

Conclusions

The following conclusions are reported and are based on findings from the research.

Part 1 of the research instrument was used to collect data that were used to address the five subproblems which gave support to the problem of the research.

The focus of the study was to determine adherence of primary child caregivers to the provincial regulations and policies that govern them in selected private, licensed day care centres in Calgary. Data in Tables 15 to 27 show that the majority of the 27 administrative primary caregivers were aware of the regulations and the policies of the provincial government that govern them and that a reduced majority of these administrators continued to put the regulation or policy into practice.

A similar trend in awareness and practice of provincial day care regulations and policies was evidenced in Tables 41 through 50 for the 123 primary caregivers.

Although there were exceptions in some instances, where neither the regulation nor the policy was put into practice, it was evident that the majority of both groups; the administrative primary caregivers as well as the primary caregivers, were aware of the regulation or policy and that both groups practiced putting day care regulations into effect, thus supporting the main purpose of the study.

The following conclusions were based on the research findings from the study as they pertained to the first subproblem: "to determine the characteristics the primary caregivers had including, education training, and other demographic information in selected private day care centres in Calgary". It was concluded from an analysis of the research data that child day care in selected private day care centres in Calgary is a female dominated occupation.

> In this study no males were identified as either a member of the administrative or primary caregiver sample. Tables 6 and 31 provide supporting data for this finding.

Administrative primary caregivers and primary caregivers employed in the 27 participating child day care centres were mature female adults. The ages range for both groups from 20 to 41 years of age.

> The majority of the administrative primary caregiver ages were in the 30 to 40 and over 41 age category. A number of the primary caregiver ages were also in this category. However, the age of the majority for this group ranged between 20 to 24 years. Supporting data is shown in Tables 5 and 30 respectively.

There was a higher ratio of women, in both the administrative primary caregivers and primary caregivers sample that considered themselves to be married.

> Data in Tables 7 and 32 give support to the finding that most administrative primary caregivers

considered themselves married. To a lesser degree this finding was also upheld by the primary caregivers involved in the study.

On average administrative primary caregivers had more children than did the primary caregivers.

The finding is substantiated by data in Tables 8 and 33. Most women in the administrative primary caregiver group had two children, with the maximum being four. Most women in the primary caregiver group were childless, although there were women in this group with one or two children.

Educationally, administrative primary caregivers were better educated than primary caregivers. The majority of the former group had a university degree, while the majority of the latter group had a high school diploma.

The research findings show that primary caregivers had not reached the level of education that administrative primary caregivers had. (Although both groups tend to exceed the academic qualifications required for day care job employment, these qualifications may not adequately reflect the 1991 prerequisites which were being phased in over a five year period for early childhood education training certification). Support for this finding can be found in Tables 9 and 34 and satisfy the first subproblem.

The following findings were generated from an analysis of the collected data and are related to the second subproblem which was: "to determine the amount of child care experience that primary caregivers had acquired at their present place of employment as well as the total duration of that experience gained as a child caregiver".

The overall work experience scenario for participants in the 27 child day care centres shows a relatively stable pattern of employment for those in the occupation of child care.

> The majority of the administrative primary caregivers and nearly one-third of the primary caregivers had been in the field of day care for over five years.

The length of time at their present place of employment for administrative primary caregivers remained relatively stable. The employment pattern for the primary caregiver cohort was less stable and could be considered more itinerant and mobile.

> Although administrative primary caregivers had five years work experience at their present day care centre, the service for the majority of primary caregivers at their present place of employment was less than six months. It might be concluded that primary caregivers lacked dedication to the specific day care centre or to the child care occupation as a whole.

These findings were formed from the length of service that administrative primary caregivers and primary caregivers had at their present place of employment as well as the total length of service these individuals had in the field of child care. Data to support these findings in support of subproblem two can be found in Tables 10, 11, 35, and 36.

The findings formed from survey data that support subproblem three were: Administrative primary caregivers perceived their role in the day care centres to be that of a supervisor and to monitor the child's life through education and play. The primary caregivers perceived their roles in these centres to be that of a foster mother.

> The vast majority of administrative primary caregivers (63%) believed that their major role with children in their day care centres was supervising children and monitoring these children while they were being educated and while they were at play. The primary caregivers perceived their role with children as more diffused; foster mothering rated the highest, (38.2%) followed by supervision (25.2%) and educating children (23.6%).

Both of these groups were satisfied with the role they had at the day care centre where they were employed. The third subproblem for the study was, "to determine primary caregivers' interpretation of the major role that they assumed in the daily lives of the children that they care for in selected Calgary day care centres". Supporting data for these findings can be found for administrative primary caregivers in Table 13 and for primary caregivers in Table 38.

Findings formulated to meet the requirements of subproblem four were obtained from data found in Tables 14, 39 and 40.

The following conclusions were formulated from these data. The administrative primary caregivers were satisfied with the factors of their centres that dealt with comfort, safety, and the equipment for children who were attending their centre. The majority were not satisfied with the salary they received.

> Members of the primary caregiver group were satisfied with factors that dealt with the safety of the centre. They were most dissatisfied with the salary they received and the discipline of children. In regard to the second conclusion, although salary was the largest point of contention for both groups, the primary caregivers also verbally expressed their disillusionment with status, training, advancement and equipment at the centre. The topics of status, training and advancement have been virtually ignored by those people held responsible for overseeing such areas.

The fourth subproblem was "to determine primary caregivers' perception of and satisfaction with the physical environment of Calgary day care centres in which they were employed".

It could be concluded from the research data that appear in Table 12 and Table 37 that child caregivers plan to continue working in the area of child care.

Over 85% of the administrative primary caregivers cohort future plans were for them to continue to work in the field of child day care. Although only 63.4% of the primary caregivers group planned to continue their work in child day care a smaller percentage from that group indicated they had "no plans" for the future.These findings indicate that both groups involved in the research were attempting to establish a career path in child care or early childhood education.

This evidence supports subproblem five which was, "to determine the interest and aspirations that primary child caregivers in Calgary day care centres had toward establishing a career path or ladder in either child care or early childhood education".

Recommendations

The following recommendations were formed and are based on findings of the study. These recommendations are made to the groups addressed.

Federal Government

It is recommended that the Federal government take immediate steps to begin legislative process on the long promised, and long overdue, National Child Care Act. This act should result in accessible, affordable and available, high quality day care for all children throughout the country who require it. Such an act could be administered by an agreement signed by personnel from the appropriate federal department and personnel from its appropriate provincial counterpart.

It is recommended that the federal government remove child day care from its welfare policy category. By doing so, it should consider the labour/economic realities of people who have to work to maintain the status of the family.

Alberta Family and Social Services

It is recommended that the Day Care Licensing Regulations be amended to include the following stipulation. "All day care license holders must post all written records of visits by licensing officers to their facility, in a place that is accessible to parents and guardians of children registered in that facility" (Topolinsky, 1992, p. 9).

In the past, reports revealed that parents have been unaware of some of the health and safety risks their children were being exposed to in the day care facilities they attended. With the well-being of the child at stake, caregivers have been faced with the unenviable dilemma of reporting these incidences, often with the fear of losing their jobs, or remaining silent and supporting the status-quo, thus perpetuating a type of potential crime and protecting the centre from public scrutiny and possible closure.

It is recommended that a policy manual be developed by Alberta Family and Social Services and put into place, that would reflect an accurate and precise interpretation of each regulation, policy, and guideline, so that these are clearly defined, universally understood, and written in standardized terms, with no margin for variance. Presently, licensing inspectors' evaluation reports of the centres they evaluate are subject to these individuals' interpretation of the applicable regulations, policies and guidelines. Consequently, these interpretations can vary to a large degree. The manner in which an individual interprets a regulation, policy, or guideline may lead to an infraction committed within the realm of the day care system where such an infraction may not be deemed valid. Without checklists and specific guidelines, licensing inspectors are unable to take enforcement action which prevents quality day care from ever becoming a reality.

Further, it is recommended that more effective monitoring systems and routines for inspectors be implemented to ensure the consistent enforcement of described policies and regulations.

It is recommended that the Minister responsible for Alberta Family and Social Services instruct his staff to permit the parents, the guardians and the community involved be granted full access to any information they may seek regarding the well-being and the safety of their children in a day care facility.

All civil servants, including licensing inspectors, are required to take an oath prior to accepting a government position. As a result of that oath these individuals are limited to the type of information they may divulge to the parents or the guardians of the children in the day care facilities. When requested, the manager or owner of the day care facility may release such information. However, the release of such information is not mandatory under present provincial regulations and policies and often these requests, when made by a parent, are denied. Parents and guardians of children in day care can help by making certain that the community knows that at the time of the study they had no right to access information of what goes on in the day care facility while their child is in attendance. Information of this type should be made available to those who pay the fees.

Ministry of Advanced Education, Training and Technology

It is recommended that steps be taken towards establishing a separate and distinct "discipline" of child care at the university level of education. Bagley (1984), wrote "At the present (1984) it is possible for an M.S.W. (Master of Social Work) graduate from many social work schools to take a senior child welfare post without having undertaken a single senior course or practicum involving children" (p. VIII). Ironically, much of the same holds true for some teachers who have left the teaching profession. Some of these teachers are teaching in child day care centres without the benefit of any course involving child care *per se*.

Education, social work and other related disciplines have not recognized, nor have they helped to isolate "child care" as a discrete entity. Until this happens, the focus of child care will be dispersed like a scatter shot and not concentrated in one discipline. When compared to other disciplines, "child care" lacks identity, definition and clarity, and as yet has not attained comparable maturity to be granted professional status. Role confusion presumably leads to lack of staff solidarity which may, in turn, contribute to job dissatisfaction within the occupation of child care (Ricks & Charlesworth, 1982, p. 41).

To its credit, the area of child care is now accumulating a growing body of specific knowledge unique to this field and it is gaining momentum in its climb for social sanctions and strides towards professionalism. Although professionalism is obtained through multiple channels, none are more redeeming, nor offer more opportunities than through channels of higher education, particularly at the university level.

It is recommended that all owners and managers of day care facilities attain the minimum of an undergraduate university degree in a discipline that most closely relates to that of child care. Since owners and managers not only have a vested interest in the facility and their day care staff, to a large degree they have control over how the facility operates. For more effective control of operations it is imperative that the owners/managers empower themselves equally with a level of education and expertise that is much higher than that which is required by their staff. Sharing expertise and adding academic insight may help to form more collaborative approaches between owner/managers and day care staff. Closer liaison may improve communications, create better understanding, more realistic expectations and promote the quality of working conditions and day care for children in these facilities. Enhanced working conditions and quality day care leads to higher status and less dissatisfaction among those involved.

At present it is possible in Alberta for a primary caregiver to participate in a 50 hour non-credit course program and be eligible for Level I certification as a primary caregiver. The Early Childhood Professional Association of Alberta is concerned about these 50 hour non-credit programs because it is not stipulated that these programs must be taken from an accredited educational institution. Equivalencies or various course combinations of 50 hours may cause added concerns since there is lack of clarification with regard to such equivalencies. Added to this, many educators feel that 50 hours is not sufficient time to learn the fundamentals necessary for a Level I primary caregiver certificate.

It is recommended that all primary child care staff have the minimum of a Level II certificate, and preferably a diploma or a degree in the field of Early Childhood Education and Development from an accredited college or university.

It is recommended to Alberta Family and Social Services that certificates issued to child care workers be renewed every five years after issuance. Prior to renewal of the certificate the caregivers should take appropriate and approved in-service training or coursework for recertification.

Other Researchers

Five recommendations emerged from the study and are made to other researchers who may wish to conduct a similar study. It is recommended to other researchers that a similar study be conducted to include all owners of day care facilities in the large population centres. The study could examine the relationship between single and company ownership or "on site" and "off site" day care ownership and the effects this type of ownership has on both the administrative child caregiver and the primary child caregiver.

It is recommended that a study be conducted that would examine the relationship between the provincial regulations and the policies for child caregivers in day care centres in all quadrants of the city.

It is recommended that a larger sample of administrative and primary caregivers be used to attain more generalizable results. With a larger sample it may be possible to include all provincial day care centres in Alberta, "rural" and "urban" using a "practice" and "awareness" scale on the instrument.

It is recommended that a study examine both profit and non-profit day care centres in Calgary, and compare the results of child caregiver "awareness" and "practice" scales with the results of this study to determine differences and commonalities.

It is recommended that a study be conducted to compare the effects of working conditions and environments on administrative primary caregivers and primary caregivers in the City of Calgary.

Caregivers

Although both groups of caregivers were well educated for the positions they held in child day care centres, the following recommendations are made. These recommendation are made for the betterment and advancement of those employed in the occupation.

It is recommended that both groups become intimately knowledgeable about the provincial regulations and policies that regulate child day care in the province. This could be accomplished through in-service programs administered by the provincial regulatory department. These individuals should also practice these regulations and policies that impact on them in their every day work with children for the safety and the wellness of the child.

It is recommended that administrative primary caregivers and primary caregivers who have been employed in child day care for a period of five years or more return to either a public college or to a university for additional upgrading. These individuals should develop the concept that no certificate or degree is terminal but that education is lifelong.

Observations

The following observations were made by the researcher while conducting the study and are not supported with any hard data.

It was observed that the researcher received excellent cooperation from the librarians of both the University of Alberta and the University of Calgary, as well as personnel of Alberta Family and Social Services, and when a need for resource information was called for, these personnel helped to locate that information easing the stress on the researcher.

It is not known how widespread the violations of licensing standards are in the 27 participating day care centres. The results of this study gives an indication that some primary caregiver infractions do exist; most notable in the area of health standards. It became evident that the degree of "awareness" and "practice" infractions may, in part, be attributed to such variables as, misinterpreting licensing standards; the lack of time, space and resources to put proper techniques into place; the lack of experience, training and universal standards; the lack of adequate monitoring and consistent enforcement of the procedures required by the licensing policy manual and frequently, the lack of penalties or repercussions in allowing violations to occur and permitting deficiencies to continue.

It was observed that all stakeholders share a responsibility in the quality of care given to children in a day care centre. One of the most revealing measures of quality child care is expressed in the relationship between the child and the primary caregiver.

Also observed was the lack of redeeming factors for the primary caregivers, especially for those who had too many children to care for. The majority of primary caregivers appeared to be extremely busy and exhibited extraordinary patience in situations that demanded much attention and input from them.

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APPENDIX A

In this appendix can be found a copy of the covering letter that was sent to the directors, asking that the administrative primary caregivers cooperate in the study.

Also included in this appendix is a copy of the administrative primary caregivers questionnaire.

University of Alberta
Edmonton

Department of Secondary Education
Faculty of Education

Canada T6G 2G5

341 Education South, Telephone (403) 492-3674
Fax: (403) 492-0236 Email: SE04@MTS.UCS.UALBERTA.CA

At the present time I am teaching child care and Nursing at Shaughnessy High School to students in grade 8 to 12.

In addition to teaching I am enrolled as a graduate student in the Faculty of Graduate Studies and Research at the University of Alberta. One of the requirements that I must fulfill for my advanced degree is the completion of a thesis.

The topic that I have selected to reference is adherence of selected child caregivers in the city of Calgary, to both provincial regulations and policies that govern licensed private day care centres.

The design of this study involves the cooperation of primary caregivers who provide child care in day care centres in the city of Calgary. To collect the data for this study a 2 part questionnaire will be used with all primary staff.

The purpose of this letter is to request your cooperation and permission to involve caregivers under your supervision to participate in this study. I will contact you by phone sometime between November 1st and November 15th to arrange a meeting with you so that the questionnaire can be distributed. At that time you will be given the opportunity to review a copy of the questionnaire.

The following points should be noted. Absolute anonymity will be ensured for each day care centre as well as for each caregiver participating in this study. No name or other methods of identification are to be used. Participation is strictly voluntary, any caregiver is free to decline or withdraw, at any time, without prejudice. The collected data will be treated as privileged information and will be used by the researcher only. At the conclusion of the research all questionnaires will be destroyed.

At the conclusion of this study a copy of the abstract will be sent to those who participate.

Thank you for your consideration and support. I look forward to your cooperation.

Sincerely,

Sullivan

Devra Sullivan

C H Preitz

Clarence H. Preitz, ED. D.
Supervisor

Policies and Practices in Calgary Day Care Centers
1991

Part 1

ADMINISTRATIVE PRIMARY CAREGIVERS

Please place a check (✓) in the bracket for the most appropriate answer.

For Office
Use Only

ID _ _ _ _ _ 1

Background Information

1. What is your age?

1. 16-17 years [ ]
2. 18-19 years [ ]
3. 20-24 years [ ]
4. 25-29 years [ ]

5. 30-40 years [ ]
6. Over 41 years [ ] __ (7)

2. What is your gender?

1. Male [ ]
2. Female [ ] __ (8)

3. What is your marital status?

1. Single [ ]
(Separated/Divorced/Widowed)
2. Married [ ]
(Common Law) __ (9)

4. How many children do you have? ________ __ (10,11)

5. What is the highest level of
schooling you have completed?

1. Some grade school [ ]
2. High school diploma [ ]
3. College or technical [ ]
school diploma [ ] __ (12)
4. University degree

6. How long have you worked in
the field of Child Care?

1. Less than 6 months [ ]
2. 6 - 12 months [ ]
3. 13 - 23 months [ ]
4. 2 - 5 years [ ]
5. More than 5 years 1 month [ ] __ (13)

7. How long have you worked
at this Day Care Centre?

1. Less than 6 months [ ]
2. 6 - 12 months [ ]
3. 13 - 23 months [ ]
4. 2 - 5 years [ ]
5. More than 5 years 1 month [ ] __ (14)

8. What are your plans for
employment in the future?

1. No plans [ ]
2. Continue to work in the Child Care Field [ ]
3. Seek employment in another field [ ] __ (15)

9. What is the major role
you play in a childs' life, at
the Day Care Center?
Check the most applicable.

1. Supervisory (Monitoring) [ ]
2. Education (Facilitating) [ ]
3. Foster mothering (Child Care) [ ]
4. Custodial (Cleaning) [ ]
5. Other (Please explain)____
______________________________ __ (16)

10. How satisfied are you with the following factors in the day care centre?

Please place a check (✓) in the most appropriate column for each factor below.

	1	2	3	
	Satisfied	Neutral	Unsatisfied	
- Space (indoor/outdoor)				__ (17)
- Ventilation				
- Lighting				
- Heat (temperature)				
- Cleanliness				
- Safety				
- Equipment and toys				
- Discipline of children				
- Staff-child ratio				
- Salary				
- Status				
- Training (in service)				
- Advancement				
- Other (Please explain)				__ (30)

11. Please write any other comments you might wish to make in regard to your satisfaction with the day care centre in which you are employed.

Policies and Practices in Calgary Day Care Centers
1991

Part 2

ADMINISTRATIVE PRIMARY CAREGIVERS

Please circle the most appropriate number for each policy/ regulation under the headings of "Awareness" and "Practice".

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	AWARENESS			PRACTICE			For Office Use Only ID_ _ _ _ _.
	1	2	3	1	2	3	
A. Fire Regulations							
1. Planned emergency evacuation and fire drill procedures are in place.	1	2	3	1	2	3	__ (32)
2. A satisfactory fire inspection report is current and available.	1	2	3	1	2	3	__ (34)
3. Fire drills are conducted once a month to familiarize staff with their roles and responsibilities.	1	2	3	1	2	3	__ (36)
4. A copy of emergency plans for evacuation is posted and a copy is given to all parents.	1	2	3	1	2	3	__ (38)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	1	2	3	1	2	3	
	AWARENESS			PRACTICE			
B. Staffing Standards							
1. Job descriptions are developed for each staff position.	1	2	3	1	2	3	__ (40)
2. A list of all staff positions, major responsibilities and the qualifications and experience required for each is available.	1	2	3	1	2	3	__ (42)
C. Accommodations							
1. A plan for the day care facility showing dimensions and use of rooms is available.	1	2	3	1	2	3	__ (44)
2. Each room used for child care purposes has a layout conducive to easy and effective supervision.	1	2	3	1	2	3	__ (46)
3. There is adequate accommodation for administration, interviewing, food preparation, maintenance and records, staff lounge and staff change area.	1	2	3	1	2	3	__ (48)
4. Cupboards and other storage space for children's use are easily accessible to children.	1	2	3	1	2	3	__ (50)
5. Children are provided with adequate indoor and outdoor play materials.	1	2	3	1	2	3	__ (52)

Source - Adapted from _Day Care Programs Licensing Policy Manual_ (1987)
Alberta Family and Social Services

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

ID_ _ _ _ _ 2

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
D. Health Regulations							
1. A satisfactory health inspection report is current and available.	1	2	3	1	2	3	__ (8)
2. Unknown or suspected notifiable diseases are immediately reported to health authorities and to the parent, guardian or person responsible.	1	2	3	1	2	3	__ (10)
3. A separate isolation room is set up for the purpose of providing care for sick children.	1	2	3	1	2	3	__ (12)
4. A health record is completed at the time of the childs' enrollment and records are checked and updated at a minimum every 6 months.	1	2	3	1	2	3	__ (14)
5. Health records include immunization record, physicians' name, Alberta Health Care Registration number, allergies, diet restrictions, medical information, special health needs, any a history of serious illness.	1	2	3	1	2	3	__ (16)
6. The enrollment records of which the health and immunization record is a part is kept on file at the facility for a minimum of 2 years past plus the current year.	1	2	3	1	2	3	__ (18)
7. Daily attendance records include the childs' name and the daily time of arrival and departure immediately as it occurs.	1	2	3	1	2	3	__ (20)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

		1	2	3	1	2	3	
		AWARENESS			PRACTICE			
E.	Play and Space							
1.	All furnishings and equipment are maintained in good repair and free from sharp, loose or pointed parts.	1	2	3	1	2	3	__ (22)
2.	Day Care staff inspect equipment daily and prior to use by children.	1	2	3	1	2	3	__ (24)
3.	Outdoor play space is adjacent to the centre or is within easy and safe walking distance.	1	2	3	1	2	3	__ (26)
4.	All outdoor space used has a shaded area.	1	2	3	1	2	3	__ (28)
F.	Sleeping Arrangements							
1.	A separate crib is provided for every child under 19 months of age.	1	2	3	1	2	3	__ (30)
2.	Cot/bed/sleeping mat of suitable size is provided for every child 19 months of age or older. Suitable size means long enough so that neither the childs' feet or head extend past the ends,wide enough so that the child can easily turn over without falling off.	1	2	3	1	2	3	__ (32)
3.	Double deck or multiple tier beds are never used for children under the age of 6.	1	2	3	1	2	3	__ (34)
4.	When in use cribs, beds and mats are at least 0.5 metres apart.	1	2	3	1	2	3	__ (36)
5.	Every crib and play pen allows for visibility and air circulation on at least two sides.	1	2	3	1	2	3	__ (38)

Source - Adapted from _Day Care Programs Licensing Policy Manual_ (1987)
Alberta Family and Social Services

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
6. All cribs are maintained in accordance with all requirements under the Federal Cribs and Cradle regulations.	1	2	3	1	2	3	__ (40)
G. Field Trips							
1. The purpose, goal and overall plan of activities is outlined in writing.	1	2	3	1	2	3	__ (42)
H. Discipline							
1. A document is maintained indicating the discipline policy of the facility.	1	2	3	1	2	3	__ (44)
2. The discipline used at the day care centre corresponds to that of a kind, firm and judicious parent.	1	2	3	1	2	3	__ (46)
3. The operator ensures that the discipline policy is followed at all times.	1	2	3	1	2	3	__ (48)
I. Insurance							
1. All staff and children in care have general liability insurance coverage provided for by the operator.	1	2	3	1	2	3	__ (50)
2. Proof of liability insurance coverage is on the premises at all time and includes the company name, type and amount of coverage and effective dates of coverage.	1	2	3	1	2	3	__ (52)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
J. Emergency Information							
1. All staff are aware of the location of and have access to the emergency records and cardex.	1	2	3	1	2	3	__ (54)
2. Emergency numbers are posted beside the telephone (fire, police, hospital, poison information, ambulance, taxi, local health unit).	1	2	3	1	2	3	__ (56)
K. Hazardous Products							
1. A safe environment is provided, free of known factors that may cause accidents or injury, including all safe storage of hazardous substances.	1	2	3	1	2	3	__ (58)
L. Nutrition							
1. Medical authorization is obtained for special dietary requirements.	1	2	3	1	2	3	__ (60)
2. The operator assumes the responsibility to monitor and ensure that all children in this facility receive an adequate amount and proper variety of foods while attending the day care.	1	2	3	1	2	3	__ (62)
3. Menus are planned and posted one week in advance.	1	2	3	1	2	3	__ (64)
4. Menus list all meals and snacks served including beverages.	1	2	3	1	2	3	__ (66)
5. Menus are varied daily and not repeated more than twice per month.	1	2	3	1	2	3	__ (68)

Source - Adapted from _Day Care Programs Licensing Policy Manual_ (1987)
Alberta Family and Social Services

SCALE I AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Sometimes
3. Fully Aware	3. Always

1 2 3 1 2 3

AWARENESS PRACTICE

6. All childrens' eating utensils are of a size and shape easily handled by each child. 1 2 3 1 2 3 __ (70)

M. First Aid Staffing

1. At least one staff member who holds a valid first aid certificate (acceptable to the Director) is at the day care facility at all times when children are present. 1 2 3 1 2 3 __ (72)

*** N. Staffing Ratios**

The following minimum primary staff member to children ratios, in the day care centre are in effect at ALL times. (Please complete)

CHILDS AGE	RATIOS	
1. 0 - 12 months	1:__	__ (73)
2. 13 - 18 months	1:__	
3. 19 - 35 months	1:__	
4. 36 - 54 months	1:__	
5. 4.5+ years	1:__.	__ (77)

* Adapted from Alberta Day Care Licensing Reforms (1990)
Alberta Family and Social Services

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

Briefly describe your views on each of the following topics with regard to your day care centre.

1. Recruitment of personnel -

2. Supervision of personnel -

3. Budget planning -

4. Meal planning -

5. Medical Care -

6. Program planning -

7. Maintenance of records -

8. Disciplinary procedures -

9. Parental pressures -

10. Compliance with guidelines -

APPENDIX B

In this appendix can be found a copy of the letter that was sent to primary caregivers asking them to become involved in the research.

The reader will find in this appendix a copy of the primary caregiver questionnaire.

University of Alberta
Edmonton
Canada T6G 2G5

Department of Secondary Education
Faculty of Education
341 Education South. Telephone (403) 492-3674
Fax: (403) 492-0236 Email: SE04@MTS.UCS.UALBERTA.CA

Dear Primary Caregiver,

For the past 10 years I have been teaching Child Care and Nursing to students in grade 8 to grade 12 at Shaughnessy High School. Many of these students were placed in child care centres for the work experience portion of their program. From that experience a number of students have elected to become child caregivers as a career choice.

In addition to my teaching responsibilities I am enrolled as a graduate student in the Faculty of Graduate Studies and Research at the University of Alberta where I am completing the requirements for an advanced degree. Part of the requirements for the degree call for me to conduct research. The purpose of this letter is to ask you to complete the research questionnaire.

The topic that I have selected to reference is adherence of selected child caregivers in the city of Calgary to both provincial regulations and policies that govern licensed private day care centres.

Your role in this study will be to complete the attached questionnaire which should take approximately 1/2 hour of your time. When you have completed the questionnaire, place it in the envelope provided and place the envelope in the slotted mail box that I have provided.

The following points should be noted. Absolute anonymity will be ensured for each day care centre as well as for each caregiver participating in this study. No name or other methods of identification are to be used. Participation is strictly voluntary, any caregiver is free to decline or withdraw, at any time, without prejudice. The collected data will be treated as privileged information and will be used by the researcher only. At the conclusion of the research all questionnaires will be destroyed.

When the study is completed a copy of the abstract will be sent to those who participate.

Your cooperation is truly appreciated.

Sincerely,
Sullivan
Devra Sullivan

C H Preitz
Clarence H. Preitz, ED. D.
Supervisor

Policies and Practices in Calgary Day Care Centers
1991

Part 1

PRIMARY CAREGIVERS

Please place a check (✓) in the bracket for the most appropriate answer.

For Office
Use Only

ID _ _ _ _ _ 1

Background Information

1. What is your age?

1. 16-17 years [ ]
2. 18-19 years [ ]
3. 20-24 years [ ]
4. 25-29 years [ ]

5. 30-40 years [ ]
6. Over 41 years [ ] __ (7)

2. What is your gender?

1. Male [ ]
2. Female [ ] __ (8)

3. What is your marital status?

1. Single [ ]
(Separated/Divorced/Widowed)
2. Married [ ]
(Common Law) __ (9)

4. How many children do you have? ________ __ (10,11)

5. What is the highest level of schooling you have completed?

1. Some grade school [ ]
2. High school diploma [ ]
3. College or technical [ ]
school diploma [ ] __ (12)
4. University degree

6. How long have you worked in the field of Child Care?

1. Less than 6 months ☐
2. 6 - 12 months ☐
3. 13 - 23 months ☐
4. 2 - 5 years ☐
5. More than 5 years 1 month ☐ __ (13)

7. How long have you worked at this Day Care Centre?

1. Less than 6 months ☐
2. 6 - 12 months ☐
3. 13 - 23 months ☐
4. 2 - 5 years ☐
5. More than 5 years 1 month ☐ __ (14)

8. What are your plans for employment in the future?

1. No plans ☐
2. Continue to work in the Child Care Field ☐
3. Seek employment in another field ☐ __ (15)

9. What is the major role you play in a childs' life, at the Day Care Center? Check the most applicable.

1. Supervisory (Monitoring) ☐
2. Education (facilitating) ☐
3. Foster mothering (Child Care) ☐
4. Custodial (Cleaning) ☐
5. Other (Please explain)____
______________________________ __ (16)

10. How satisfied are you with the following factors in the day care centre?

Please place a check (✓) in the most appropriate column for each factor below.

	1 Satisfied	2 Neutral	3 Unsatisfied	
- Space (indoor/outdoor)				__ (17)
- Ventilation				
- Lighting				
- Heat (temperature)				
- Cleanliness				
- Safety				
- Equipment and toys				
- Discipline of children				
- Staff-child ratio				
- Salary				
- Status				
- Training (in service)				
- Advancement				

- Other (Please explain) ______________________________ __ (30)

____

11. Please write any other comments you might wish to make in regard to your satisfaction with the day care centre in which you are employed.

Policies and Practices in Calgary Day Care Centers
1991

Part 2

PRIMARY CAREGIVERS

Please circle the most appropriate number for each policy/regulation under the headings of "Awareness" and "Practice".

RESPONSE KEY

SCALE I AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

For Office Use Only
ID_ _ _ _ _1

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
A. Sleeping Arrangements							
1. A separate crib is provided for every child under 19 months of age.	1	2	3	1	2	3	__ (32)
2. Infants over 35 inches in height or infants who can get out of the crib by themselves are not placed in a crib.	1	2	3	1	2	3	__ (34)
3. Cot/bed/sleeping mat of suitable size is provided for every child 19 months of age or older. Suitable size means long enough so that neither the childs'feet or head extend past the ends, wide enough so that the child can easily turn over without falling off.	1	2	3	1	2	3	__ (36)
4. Double deck or multiple tier beds are never used for children under the age of 6.	1	2	3	1	2	3	__ (38)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
5. When in use cribs, beds and mats are at least 0.5 metres apart.	1	2	3	1	2	3	__ (40)
6. Identifiable blankets are provided and not interchanged between children.	1	2	3	1	2	3	__ (42)
B. Play and Space							
1. All infant toddler toys and equipment are cleaned daily.	1	2	3	1	2	3	__ (44)
2. All older children's toys and equipment are cleaned weekly.	1	2	3	1	2	3	__ (46)
C. Programming Standards							
1. Attempts are made to facilitate maximum social interactions between the caregiver and the infants.	1	2	3	1	2	3	__ (48)
2. Attempts are made in the play environment to allow free choice, a variety of experiences, and accessible toys and equipment.	1	2	3	1	2	3	__ (50)
D. Field Trips							
1. The purpose, goal and overall plan of activities is outlined in writing.	1	2	3	1	2	3	__ (52)
2. There are at least two staff whenever 4 or more children are present.	1	2	3	1	2	3	__ (54)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

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		AWARENESS			PRACTICE		
	1	2	3	1	2	3	
3. Complete emergency information on each child is taken on the field trip.	1	2	3	1	2	3	__ (8)
4. At least one staff member with a valid first aid certificate is in attendance.	1	2	3	1	2	3	__ (10)
5. A first aid kit is taken on the trip.	1	2	3	1	2	3	__ (12)
E. Discipline							
1. Discipline used corresponds to that of a kind, firm, judicious parent.	1	2	3	1	2	3	__ (14)
F. Emergency Information							
1. All staff are aware of the location of and have access to the emergency records and cardex.	1	2	3	1	2	3	__ (16)
2. Emergency numbers are posted beside the telephone(fire, police, hospital, poison information, ambulance, taxi, local health unit).	1	2	3	1	2	3	__ (18)
G. Fire Regulations							
1. All staff in day care facilities know the location of the fire extinguisher(s) and how to use them.	1	2	3	1	2	3	__ (20)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
H. Health Standards							
1. Handwashing after toileting is required.	1	2	3	1	2	3	__ (22)
2. Temperatures are taken using "fever strips" or with a thermometer under the child's arm (never use rectal or oral thermometers).	1	2	3	1	2	3	__ (24)
3. Toothbrushes are labelled and stored individually.	1	2	3	1	2	3	__ (26)
4. A written policy is established documenting the procedures to be followed in case of an accident or serious illness.	1	2	3	1	2	3	__ (28)
5. All accidents are reported immediately to the facility Director.	1	2	3	1	2	3	__ (30)
6. A separate isolation room is set up for the purpose of providing care for sick children.	1	2	3	1	2	3	__ (32)
7. The cot is disinfected and bedding laundered after use by a sick child.	1	2	3	1	2	3	__ (34)
8. Sick children are supervised in the isolation area until removed from the day care facility.	1	2	3	1	2	3	__ (36)
9. Aspirins, cough syrup and other patent drugs (over the counter drugs) are not administered without written authorization of the parent.	1	2	3	1	2	3	__ (38)
10. No prescribed medicine is given without a written authorization signed by the doctor.	1	2	3	1	2	3	__ (40)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
11. Prescribed medicine is in the original container and labelled showing the name of the physician, patient's name, date of issue, instruction and time period.	1	2	3	1	2	3	__ (42)
12. Patent medications are in the original container and labelled with the patient's name and dosage.	1	2	3	1	2	3	__ (44)
13. Medication recording includes the type of medication, time of administration, amount of medication, initials of person designated to administer medication and the medication admininstration record is posted.	1	2	3	1	2	3	__ (46)
14. The storage of medication is in an area inaccessible to children.	1	2	3	1	2	3	__ (48)
15. Smoking is prohibited in any area of a day care facility that is frequented by children.	1	2	3	1	2	3	__ (50)
16. A diaper changing routine is established, and infants and toddlers are checked at regular intervals.	1	2	3	1	2	3	__ (52)
17. Bibs are used at mealtimes.	1	2	3	1	2	3	__ (54)
18. Protective devices such as guardrails and handrails are available on all raised areas.	1	2	3	1	2	3	__ (56)
19. On changing tables, a safety strap or other safety device is available and used.	1	2	3	1	2	3	__ (58)

Source - Adapted from _Day Care Programs Licensing Policy Manual_ (1987)
Alberta Family and Social Services

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

I. Nutrition

	AWARENESS			PRACTICE			
	1	2	3	1	2	3	
1. Balanced meals and snacks of adequate quality and quantity are provided at appropriate times in accordance with the Canada Food Guide.	1	2	3	1	2	3	__ (60)
2. Children in care 2 to 4 hours receive at least one snack including food from 2 or more food groups.	1	2	3	1	2	3	__ (62)
3. Children in care 4 to 6 hours receive one meal including all four food groups and one snack including 2 or more food groups.	1	2	3	1	2	3	__ (64)
4. Children in care more than 6 hours receive one meal including all four food groups and two snacks including 2 or more food groups.	1	2	3	1	2	3	__ (66)
5. Infants are fed in accordance with the written instructions of the parent regarding the amount, type and scheduling of feedings.	1	2	3	1	2	3	__ (68)
6. Foods are properly prepared, stored and served under sanitary conditions.	1	2	3	1	2	3	__ (70)
7. Children remain seated and are directly supervised when eating.	1	2	3	1	2	3	__ (72)
8. Menus are varied daily and not repeated more than twice a month.	1	2	3	1	2	3	__ (74)
9. Children under 6 months of age are always held by an adult during feeding.	1	2	3	1	2	3	__ (76)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

RESPONSE KEY

SCALE 1 AWARENESS	SCALE 2 PRACTICE
1. Not Aware	1. None
2. Somewhat Aware	2. Occasionally
3. Fully Aware	3. Always

	1	2	3	1	2	3	
	AWARENESS			PRACTICE			
10. Children over 6 months of age who are not capable of feeding themselves are either always held, or seated in infant seats or high chairs using safety straps.	1	2	3	1	2	3	__ (78)
J. First Aid Staffing							
1. At least one staff member who holds a valid first aid certificate (acceptable to the Director) is at the day care facility at all times when children are present.	1	2	3	1	2	3	__ (80)

Source - Adapted from Day Care Programs Licensing Policy Manual (1987)
Alberta Family and Social Services

APPENDIX C

In this appendix can be found the Research Ethics Review Application Form for this study, the letter of consent to use base documents from the _Day Care Programs Licensing Policy Manual_ (1987), a letter of acknowledgement from the Provincial Archives of Alberta, a letter of permission to reproduce photocopies of documents from the City of Calgary Archives, a summary of the proposed research and the curriculum vitae of the researcher.

Adult, Career & Technology Education

RESEARCH ETHICS REVIEW APPLICATION

(Please submit a typed copy of this form and a copy of the research proposal to the Department Chairman's office.)

Student Name Devra Sullivan

Short title of proposed research Caregivers adherence to Provincial Regulations

* M.Ed. thesis   __ M.Ed. project

Location of research Calgary, Alberta   Date approval needed asap

The applicant agrees to notify the Department Ethics Review Committee of any changes in research design after approval has been granted.

(Signature of applicant)   October 15 1991 (date)

The research proposal has been approved by the Supervisory Committee.

(Signature of Supervisor)   10-15 1991 (date)

For Office use only

Date submitted OCT 15/91   Date decision conveyed OCT 21/91

Members of Review Committee T. DERWING, M. SZABO

Decision of Committee Approved (Approved or not Approved)   Oct. 21 1991 (Date)

Comments Please note reviewer's comments

(Signature, Department Chairman)

LEGISLATIVE ASSEMBLY
ALBERTA

620 Legislature Annex
Edmonton, Alberta
T5K 1E4

18 February 1992

Ms. Devra Sullivan
60 Cedardale Crescent, S.W.
Calgary, Alberta
T2W 3Z5

Dear Ms. Sullivan:

You have my permission to reproduce all of the information that is contained in reports that are made available to you for purposes of your thesis.

I wish you success on your research in Alberta, relating to the evolution of child care and associated topics.

Sincerely,

Connie Osterman

Connie Osterman, (Mrs.)
M.L.A. Three Hills

Alberta
CULTURE AND MULTICULTURALISM
Provincial Archives of Alberta

12845 - 102nd Avenue, Edmonton, Alberta, Canada T5N 0M6 403/427-1750 Fax 403/454-6629

June 16, 1992 Our Ref: 22.2

Devra Sullivan
Leo Cedardale Cr. S W
Calgary, AB
T2W 3Z5

Dear Ms. Sullivan:

I am writing in response to your letter of 9 June requesting permission to cite documents held by the Provincial Archives of Alberta. The Archives does not require researchers to obtain permission, except for the use of photographs and other audio-visual media.

Good luck with your thesis.

Yours sincerely,

Keith Stotyn

Keith Stotyn
Chief Archivist, Manuscripts
and Reference Services

KS/rd

1689

THE CITY OF CALGARY
CITY CLERK'S DEPARTMENT

1992 June 12

Ms. Devra Sullivan,
60 Cedardale Crescent S.W.,
Calgary, Alberta.
T2W 3Z5

Dear Ms. Sullivan:

Subject: Quoting from City of Calgary Archives Sources

Thank you for your letter of 1992 June 08.

While you do require permission from the City of Calgary Archives to reproduce photocopies of our documents, you do not require permission to quote from these sources. We would appreciate credit being given to the Archives in your footnotes, however.

If we can be of further assistance, please feel free to contact us.

Yours sincerely,

Glennda Leslie

Glennda Leslie,
Archivist, Olympic Collection

GL/jMcK

1992
YEAR OF
EMPLOYMENT
EQUITY

P.O. BOX 2100, POSTAL STATION M, CALGARY, ALBERTA, CANADA T2P 2M5

Student
Name Devra Sullivan

Short
Title Caregivers adherence to Provincial Regulations

Summary of proposed research (Please confine to space provided on this page)

In an effort to determine the adherence of primary child caregivers to the provincial regulations and policies that govern them, a selected group of Calgary administrative and other primary caregivers will be surveyed.

A two-part questionnaire will be used; the first part to collect demographic data, the second part to collect information regarding the awareness and practice of the policies and provincial regulations found in Day Care Programs Licensing Policy Manual of Alberta (1987). This instrument will be used to collect data from caregivers employed in 37 child day care centres located in different sections of the city of Calgary.

A review of literature and research related to this study will be made and reported.

Data collected with the two-part instrument will be analyzed and placed in tabular form for ease of analysis. From these data, conclusions, findings and recommendations will be reported.

Ethical concerns and safeguards (See General Faculties Council Guidelines)

The following statement will appear on all correspondence.

Absolute anonymity will be ensured for each day care centre as well as for each caregiver participating in this study. No name or other methods of identification are to be used. Participation is strictly voluntary, any caregiver is free to decline or withdraw at any time without prejudice. The collected data will be treated as privileged information and will be used by the researcher only. At the conclusion of the research all questionnaires will be destroyed.

CURRICULUM VITAE

Devra A. Sullivan

Education

1990-1993	M. Education, University of Alberta, Edmonton
1976-1977	B.Education (U.W.O.) University of Western Ontario, London
1975-1976	B.A. Honors (U.W.O.)
1972-1975	B.A. Sociology major, Psychology minor (U.W.O.)
1951-1955	Graduate Nurse Providence Hospital, Moose Jaw, Saskatchewan

Employment

1981 - present	Teaching Child Care & Nursing - Shaughnessy High School, Calgary, Alberta
1980	Teaching (substitute) Special Education
1973	Nursing (gerontology) Home for the Aged - Best View Nursing Home, Sarnia, Ontario
1971-1972	Nursing (gerontology) Home for the Aged - Feddicks Nursing Home, Petrolia, Ontario (afternoon supervisor)
1964-1965	Nursing (clinical) - Community Health Clinic, Moose Jaw, Saskatchewan
1960-1964	Nursing (home care) - Self employed (began first program in Saskatchewan)
1959-1960	Nursing (psychiatric) - Saskatchewan Training School, Moose Jaw, Saskatchewan. (afternoon supervisor- children's ward)
1950-1954	Nursing (hospital) - Providence Hospital, Moose Jaw Saskatchewan. (various capacities)

Extra Curricular Activities

1979-1980	Animateur for Crossroads International (C.C.I.) Contact person for C.C.I., Southwestern, Ontario (fund raising, meetings, orientations, seminars)

1978-1979 Representative of C.C.I. to Kenya, East Africa

Set up massive Mantoux Testing Program (for over 1,000 people - staff, teachers, families) Thika, Kenya

Developed and operated an isolation treatment centre

Set up massive de-infestation program (whereby all buildings were inspected and de-infested on compounds) School for the Blind, Thika, Kenya

Revised system of filing and data collection

Liaison work Board of Health (Nairobi, Thika) - educators, druggists, doctors to stock dispensaries more efficiently (regarding diseases endemic to those locales)

Taught classes on health care and planning relative to the situation

Travelled throughout Kenya assisting a research group in their efforts to locate visually impaired persons

1972-1977 Involved with issues and problems regarding Women's Rights, Anti-Poverty Movement in Ontario (seminars, conferences)

On the executive and an assistant founder of P.U.S.H. (People Under Social Hardship), a local self help group, Sarnia, Ontario

Professional Memberships

Alberta Association for Young Children (A.A.Y.C.)
Alberta Teachers Association (A.T.A.) High School
    Representative for A.T.A. for two terms.
Canadian Authors' Association
Canadian Child Day Care Federation
Canadian Crossroads International
Canadian Mental Health Association
Early Childhood Professional Association of Alberta
  (E.C.P.A.A.)

Travel Central and North America, Europe, Africa